



BIR Form No.

**2316**

January 2018 (ENCS)

**Certificate of Compensation  
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

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| <p>1 For the Year (YYYY) <u>2023</u></p> <p><b>Part I - Employee Information</b></p> <p>3 TIN <u>618 - 971 - 144</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>CALLEDO, NEIL GABRIEL FORNIS</u> 5 RDO Code</p> <p>6 Registered Address 6A ZIP Code</p> <p>6B Local Home Address 6C ZIP Code</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY) 8 Contact Number</p> <p>9 Statutory Minimum Wage rate per day</p> <p>10 Statutory Minimum Wage rate per month</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p>12 TIN <u>004 - 524 - 260 - 000</u></p> <p>13 Employer's Name <u>TEMPS AND STAFFERS INC.</u></p> <p>14 Registered Address <u>105 West Ave. Quezon City</u> 14A ZIP Code <u>1105</u></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p>16 TIN</p> <p>17 Employer's Name</p> <p>18 Registered Address 18A ZIP Code</p> <p><b>Part IVA - Summary</b></p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <u>133,091.58</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>133,091.58</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <u>0.00</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable</p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22)</p> <p>24 Tax Due</p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer</p> <p>25B Previous Employer, if applicable</p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</p> | <p>2 For the Period From (MM/DD) <u>01 01</u> To (MM/DD) <u>08 15</u></p> <p><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount</p> <p>27 Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE) <u>106,720.44</u></p> <p>28 Holiday Pay (MWE)</p> <p>29 Overtime Pay (MWE) <u>8,059.43</u></p> <p>30 Night Shift Differential (MWE)</p> <p>31 Hazard Pay (MWE)</p> <p>32 13th Month Pay and Other Benefits (maximum of P90,000) <u>9,612.69</u></p> <p>33 De Minimis Benefits <u>0.00</u></p> <p>34 SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <u>8,699.02</u></p> <p>35 Salaries and Other Forms of Compensation</p> <p>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <u>133,091.58</u></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p>37 Basic Salary</p> <p>38 Representation</p> <p>39 Transportation</p> <p>40 Cost of Living Allowance (COLA)</p> <p>41 Fixed Housing Allowance</p> <p>42 Others (specify)</p> <p>42A</p> <p>42B</p> <p><b>SUPPLEMENTARY</b></p> <p>43 Commission</p> <p>44 Profit Sharing</p> <p>45 Fees Including Director's Fees</p> <p>46 Taxable 13th Month Benefits</p> <p>47 Hazard Pay</p> <p>48 Overtime Pay</p> <p>49 Others (specify)</p> <p>49A</p> <p>49B</p> <p>50 Total Taxable Compensation Income (Sum of Items 37 to 49B)</p> |
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I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 RIZZA LYN Y. ENSOY Present Employer/Authorized Agent Signature over Printed Name Date Signed

CONFORME: 52 CALLEDO, NEIL GABRIEL FORNIS Employee Signature over Printed Name Date Signed Amount paid, if CTC

CTC/Valid ID No. of Employee Place of Issue Date Signed

**To be accomplished under substituted filing**

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

53 RIZZA LYN Y. ENSOY Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1730), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 CALLEDO, NEIL GABRIEL FORNIS Employee Signature over Printed Name

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

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