



BIR Form No.  
**2316**

September 2021(ENCS)

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

<p><b>1</b> For the Year (YYYY) <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="9"/> - <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="3"/> - <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="1"/> -</p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="PLENOS,MARIANNE CHRISTINE ICAMINA"/> <b>5</b> RDO Code <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="8"/></p> <p><b>6</b> Registered Address <input type="text"/> <b>6A</b> ZIP Code <input type="text"/></p> <p><b>6B</b> Local Home Address <input type="text"/> <b>6C</b> ZIP Code <input type="text"/></p> <p><b>6D</b> Foreign Address <input type="text"/></p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <b>8</b> Contact Number <input type="text"/></p> <p><b>9</b> Statutory Minimum Wage rate per day <input type="text" value="0"/></p> <p><b>10</b> Statutory Minimum Wage rate per month <input type="text" value="0"/></p> <p><b>11</b> <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><b>12</b> TIN <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> - <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="9"/> - <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="2"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p><b>13</b> Employer's Name <input type="text" value="FIS GLOBAL SOLUTIONS PHILIPPINES"/></p> <p><b>14</b> Registered Address <input type="text" value="9/F Ecoplaza Bldg. 2305 Chino Roces Ave. Ext., Magallanes, Makati City, 1232"/> <b>14A</b> ZIP Code <input type="text"/></p> <p><b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN <input type="text"/></p> <p><b>17</b> Employer's Name <input type="text"/></p> <p><b>18</b> Registered Address <input type="text"/> <b>18A</b> ZIP Code <input type="text"/></p> <p><b>Part IVA - Summary</b></p> <table style="width:100%;"> <tr> <td style="width:70%;"><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52)</td> <td style="width:30%; text-align: right;">35,163.49</td> </tr> <tr> <td><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)</td> <td style="text-align: right;">4,272.85</td> </tr> <tr> <td><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)</td> <td style="text-align: right;">30,890.64</td> </tr> <tr> <td><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)</td> <td style="text-align: right;">30,890.64</td> </tr> <tr> <td><b>24</b> Tax Due</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>25</b> Amount of Taxes Withheld</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>25A</b> Present Employer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>25B</b> Previous Employer, if applicable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>27</b> 5% Tax Credit (PERA Act of 2008)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>28</b> Total Taxes Withheld (Sum of Items 26 and 27)</td> <td style="text-align: right;">0.00</td> </tr> </table>	<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	35,163.49	<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	4,272.85	<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	30,890.64	<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	30,890.64	<b>24</b> Tax Due	0.00	<b>25</b> Amount of Taxes Withheld	0.00	<b>25A</b> Present Employer	0.00	<b>25B</b> Previous Employer, if applicable	0.00	<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	<b>27</b> 5% Tax Credit (PERA Act of 2008)	0.00	<b>28</b> Total Taxes Withheld (Sum of Items 26 and 27)	0.00	<p><b>2</b> For the Period From (MM/DD) <input type="text" value="12"/> <input type="text" value="1"/> <input type="text" value="6"/> To (MM/DD) <input type="text" value="02"/> <input type="text" value="22"/></p> <p><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <table style="width:100%;"> <thead> <tr> <th style="width:80%;">A. 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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.

<p><b>53</b> <u>Anthony L. Aragon</u> ANTHONY ARAGON Present Employer/Authorized Agent Signature over Printed Name</p> <p><b>CONFORME:</b> <b>54</b> <u>PLENOS,MARIANNE CHRISTINE ICAMINA</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. <input type="text"/> of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/></p> <p>Date Issued <input type="text"/> Amount paid, if CTC <input type="text"/></p>
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**To be accomplished under substituted filing**

<p>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.</p> <p><b>55</b> <u>Anthony L. Aragon</u> ANTHONY ARAGON Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), 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.</p> <p><b>56</b> <u>PLENOS,MARIANNE CHRISTINE ICAMINA</u> Employee Signature over Printed Name</p>
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)