

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



September 2021(ENC5)

For Compensation Payment With or Without Tax Withheld

2316 9/21/ENC5

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

1 For the Year (YYYY) 2 0 2 1

2 For the Period From (MM/DD) 1 1 2 4 To (MM/DD) 1 2 3 1

Part I - Employee Information

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

3 TIN 5 1 0 - 8 3 3 - 4 2 9 -

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) BERDIN, MARIA CATHERINE LABARES

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00

5 RDO Code 0 4 3

30 Holiday Pay (MWE) 0.00

6 Registered Address

31 Overtime Pay (MWE) 0.00

6A ZIP Code

32 Night Shift Differential (MWE) 0.00

6B Local Home Address

33 Hazard Pay (MWE) 0.00

6C ZIP Code

34 13th Month Pay and Other Benefits (maximum of P90,000) 1,273.95

6D Foreign Address

35 De Minimis Benefits 0.00

7 Date of Birth (MM/DD/YYYY) 1 1 1 4 1 9 8 0

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 1,497.50

8 Contact Number

37 Salaries and Other Forms of Compensation 0.00

9 Statutory Minimum Wage rate per day 340.00

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 2,771.45

10 Statutory Minimum Wage rate per month

B. TAXABLE COMPENSATION INCOME REGULAR

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

39 Basic Salary 11,376.07

Part II - Employer Information (Present)

40 Representation 0.00

12 TIN 0 0 4 - 6 3 9 - 7 4 4 - 0 0 0

41 Transportation 0.00

13 Employer's Name TELEPHILIPPINES, INC

42 Cost of Living Allowance (COLA) 0.00

14 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City

43 Fixed Housing Allowance 0.00

14A ZIP Code 6 0 0 0

44 Others (specify)

15 Type of Employer Main Employer Secondary Employer

44A Allowances 1,379.31

Part III - Employer Information (Previous)

44B 0.00

16 TIN

SUPPLEMENTARY

17 Employer's Name

45 Commission 0.00

18 Registered Address

46 Profit Sharing 0.00

18A ZIP Code

47 Fees Including Director's Fees 0.00

Part IVA - Summary

48 Taxable 13th Month Benefits 0.00

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 18,972.12

49 Hazard Pay 0.00

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 2,771.45

50 Overtime Pay 3,445.29

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 16,200.67

51 Others (specify)

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

51A 0.00

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 16,200.67

51B 0.00

24 Tax Due 0.00

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 16,200.67

25 Amount of Taxes Withheld 25A Present Employer 0.00

25B Previous Employer, if applicable 0.00

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00

27 5% Tax Credit (PERA Act of 2008) 0.00

28 Total Taxes Withheld (Item 26 less Item 27) 0.00

53 Present Employer/Authorized Agent Signature over Printed Name

Date Signed 0 1 3 1 2 0 2 2

CONFORME: 54 MARIA CATHERINE LABARES BERDIN

Date Signed

Employee Signature over Printed Name

Date Issued

CTC/Valid ID No of Employee

Amount paid, if CTC

Place of Issue

To be accomplished under substituted filing

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

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.

56 Employee Signature over Printed Name