



2316 01/18ENCS

BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

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

1 For the Year (YYYY) 2 For the Period From (MM/DD) To (MM/DD)

Part 1 - Employee Information

3 TIN

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number

9 Statutory Minimum Wage rate per day 0.00

10 Statutory Minimum Wage rate per month 0.00

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

Part II - Employer Information (Present)

12 TIN

13 Employer's Name

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IV-A Summary

19 Gross Compensation Income From present Employer (Sum of Items 36 and 50)

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)

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

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

24 Tax Due

25 Amount of Taxes Withheld

25A Present Employer

25B Previous Employer, if applicable

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

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

A. NON TAXABLE/EXEMPT COMPENSATION

	Amount
27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	<input type="text" value="42549.26"/>
28 Holiday Pay (MWE)	<input type="text" value="0.00"/>
29 Overtime Pay (MWE)	<input type="text" value="0.00"/>
30 Night Shift Differential (MWE)	<input type="text" value="0.00"/>
31 Hazard Pay (MWE)	<input type="text" value="0.00"/>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<input type="text" value="4772.54"/>
33 De Minimis Benefits	<input type="text" value="8400.00"/>
34 SSS, GSIS, PHIC and Pag-ibig Contributions and Union Dues (Employee share only)	<input type="text" value="3886.00"/>
35 Salaries and Other forms of Compensation	<input type="text" value="0.00"/>
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	<input type="text" value="59607.80"/>

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	<input type="text" value="0.00"/>
38 Representation	<input type="text" value="0.00"/>
39 Transportation	<input type="text" value="0.00"/>
40 Cost of Living Allowance (COLA)	<input type="text" value="0.00"/>
41 Fixed Housing Allowance	<input type="text" value="0.00"/>
42 Others (Specify)	
42A SM	<input type="text" value="0.00"/>
42B SM	<input type="text" value="0.00"/>

SUPPLEMENTARY

43 Commission	<input type="text" value="0.00"/>
44 Profit Sharing	<input type="text" value="0.00"/>
45 Fees Including Director's fee	<input type="text" value="0.00"/>
46 Taxable 13th Month Benefits	<input type="text" value="0.00"/>
47 Hazard Pay	<input type="text" value="0.00"/>
48 Overtime Pay	<input type="text" value="0.00"/>
49 Others (Specify)	
49 A SM	<input type="text" value="0.00"/>
49 B SM	<input type="text" value="0.00"/>
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	<input type="text" value="0.00"/>

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 Jennifer Pascua Agcaoili
Present Employer/Authorized Agent Signature over Printed Name Date Signed

CONFORME: 52 Quiño, Jan Khayl, Namoco
Employee Signature Over Printed Name Date Signed

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

Amount Paid, if CTC

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 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 from 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.

54 Employee Signature Over Printed Name