

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

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".

1 For the Year (YYYY) 2022		2 For the Period From (MM/DD) 02 05 To (MM/DD) 07 23	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 515-539-090		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) VERGARA, LYZA BAGARES		5 RDO Code	
6 Registered Address BUKID-BUKID PAJAC LAPU-LAPU CITY (OPON)		6A ZIP Code 6015	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
7 Date of Birth (MM/DD/YYYY) 07 01 2003		28 Holiday Pay (MWE)	
8 Contact Number 639087241550		29 Overtime Pay (MWE)	
9 Statutory Minimum Wage rate per day		30 Night Shift Differential (MWE)	
10 Statutory Minimum Wage rate per month		31 Hazard Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		32 13th Month Pay and Other Benefits (maximum of P90,000) 10,910.51	
Part II - Employer Information (Present)		33 De Minimis Benefits 7,255.86	
12 TIN 244-963-876-000		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 4,905.00	
13 Employer's Name QUALFON PHILIPPINES, INC.		35 Salaries and Other Forms of Compensation 179.60	
14 Registered Address Skyrise 3, Qualfon Bldg., IT Park, Apas, Cebu City		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 23,250.97	
14A ZIP Code 6000		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Basic Salary 92,769.88	
Part III - Employer Information (Previous)		38 Representation	
16 TIN		39 Transportation	
17 Employer's Name		40 Cost of Living Allowance (COLA)	
18 Registered Address		18A ZIP Code	
Part IVA - Summary		41 Fixed Housing Allowance	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 145,170.85		42 Others (specify)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 23,250.97		42A	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 121,919.88		42B	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		SUPPLEMENTARY	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 121,919.88		43 Commission	
24 Tax Due -		44 Profit Sharing	
25 Amount of Taxes Withheld		45 Fees Including Director's Fees	
25A Present Employer -		46 Taxable 13th Month Benefits 29,150.00	
25B Previous Employer, if applicable		47 Hazard Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) -		48 Overtime Pay	
		49 Others (specify)	
		49A	
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 121,919.88	

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 METHYL D. TAER
Present Employer/Authorized Agent Signature over Printed Name

Date Signed **07 31 2022**

CONFORME:
52 VERGARA, LYZA B
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee Place of Issue

Date Issued 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 METHYL D. TAER
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. 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 VERGARA, LYZA B
Employee Signature over Printed Name

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