



BIR Form No.  
**2316**

# Certificate of Compensation Payment/Tax Withheld



September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

1 For the Year (YYYY) <b>2 1 0 1 2 1 3</b>		2 For the Period From (MM/DD) <b>0 3 0 6</b> To (MM/DD) <b>1 2 3 1</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
3 TIN <b>3 1 4 0 - 2 9 0 - 7 5 9 - 0 1 0 1 0 0 1</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>FUENTES, JANBELL CLINTON HORTILANO</b>		5 RDO Code <b>0 8 1</b>	
6 Registered Address <b>Atabay Agus, Lapu-Lapu City, Cebu</b>		6A ZIP Code <b>6 0 1 5</b>	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <b>0.00</b>	
7 Date of Birth (MM/DD/YYYY) <b>0 1 2 2 1 9 9 8</b>		30 Holiday Pay (MWE) <b>0.00</b>	
8 Contact Number		31 Overtime Pay (MWE) <b>0.00</b>	
9 Statutory Minimum Wage rate per day		32 Night Shift Differential (MWE) <b>0.00</b>	
10 Statutory Minimum Wage rate per month		33 Hazard Pay (MWE) <b>0.00</b>	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		34 13th Month Pay and Other Benefits (maximum of P90,000) <b>23,238.79</b>	
<b>Part II - Employer Information (Present)</b>		35 De Minimis Benefits <b>4,350.00</b>	
12 TIN <b>2 1 5 0 - 3 1 6 9 - 0 0 9 - 0 1 0 1 0 0 5 1</b>		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>14,494.50</b>	
13 Employer's Name <b>SSG APAC, INC.</b>		37 Salaries and Other Forms of Compensation <b>0.00</b>	
14 Registered Address <b>9F Skyrise Alpha, Cebu Business Park</b>		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>42,083.29</b>	
14A ZIP Code <b>6 0 0 0</b>		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		39 Basic Salary <b>231,277.83</b>	
<b>Part III - Employer Information (Previous)</b>		40 Representation <b>0.00</b>	
16 TIN		41 Transportation <b>0.00</b>	
17 Employer's Name		42 Cost of Living Allowance (COLA) <b>0.00</b>	
18 Registered Address		43 Fixed Housing Allowance <b>0.00</b>	
18A ZIP Code		44 Others (specify)	
<b>Part IVA - Summary</b>		44A <b>0.00</b> <b>0.00</b>	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <b>273,361.12</b>		44B <b>0.00</b> <b>0.00</b>	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>42,083.29</b>		<b>SUPPLEMENTARY</b>	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>231,277.83</b>		45 Commission <b>0.00</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		46 Profit Sharing <b>0.00</b>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>231,277.83</b>		47 Fees Including Director's Fees <b>0.00</b>	
24 Tax Due <b>0.00</b>		48 Taxable 13th Month Benefits <b>0.00</b>	
25 Amount of Taxes Withheld		49 Hazard Pay <b>0.00</b>	
25A Present Employer <b>0.00</b>		50 Overtime Pay <b>0.00</b>	
25B Previous Employer, if applicable <b>0.00</b>		51 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>		51A <b>0.00</b> <b>0.00</b>	
27 5% Tax Credit (PERA Act of 2008) <b>0.00</b>		51B <b>0.00</b> <b>0.00</b>	
28 Total Taxes Withheld (Sum of Items 26 and 27) <b>0.00</b>		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>231,277.83</b>	

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.

53 Maria Lourdes S. Bello  
Present Employer/Authorized Agent Signature over Printed Name

Date Signed \_\_\_\_\_

**CONFORME:**

54 FUENTES, JANBELL CLINTON HORTILANO  
Employee Signature over Printed Name

Date Signed \_\_\_\_\_

CTC/Valid ID No. \_\_\_\_\_ 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.

55 Maria Lourdes S. Bello  
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.

56 FUENTES, JANBELL CLINTON HORTILANO  
Employee Signature over Printed Name

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