



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".

1 For the Year (YYYY) 2 0 2 4

2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 04 12

Part I - Employee Information

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

3 TIN 4 2 5 - 2 2 5 - 4 6 6

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) ALCANTARA,CARMELA DAWN BENIDA

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

6 Registered Address

30 Holiday Pay (MWE) 0.00

6B Local Home Address

31 Overtime Pay (MWE) 0.00

6D Foreign Address

32 Night Shift Differential (MWE) 0.00

7 Date of Birth (MM/DD/YYYY) 0 7 1 5 1 9 9 2

33 Hazard Pay (MWE) 0.00

9 Statutory Minimum Wage rate per day

34 13th Month Pay and Other Benefits (maximum of P90,000) 5,285.00

10 Statutory Minimum Wage rate per month

35 De Minimis Benefits 0.00

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

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 6,302.10

Part II - Employer Information (Present)

37 Salaries and Other Forms of Compensation 0.00

12 TIN 0 0 8 - 6 3 9 - 4 9 4 - 0 0 0

B. TAXABLE COMPENSATION INCOME REGULAR

13 Employer's Name Omega Healthcare Management Services, Inc.

39 Basic Salary 73,617.88

14 Registered Address 15/F UNION BANK PLAZA MERALCO AVE ORTIGAS CENTER SAN ANTONIO PASIG CITY METRO MANILA

40 Representation 0.00

15 Type of Employer Main Employer Secondary Employer

41 Transportation 0.00

Part III - Employer Information (Previous)

42 Cost of Living Allowance (COLA) 0.00

16 TIN

43 Fixed Housing Allowance 0.00

17 Employer's Name

44 Others (specify) 44A 0.00 44B 0.00

18 Registered Address

45 Commission 0.00

Part IVA - Summary

46 Profit Sharing 0.00

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 85,204.98

47 Fees Including Director's Fees 0.00

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 11,587.10

48 Taxable 13th Month Benefits 0.00

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 73,617.88

49 Hazard Pay 0.00

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

50 Overtime Pay 0.00

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 73,617.88

51 Others (specify) 51A 0.00 51B 0.00

24 Tax Due 0.00

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 73,617.88

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 (Sum of Items 26 and 27) 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.

53 Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME: 54 Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee 634276 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.

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.

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

56 ALCANTARA,CARMELA DAWN BENIDA Employee Signature over Printed Name