



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".

<p><b>1</b> For the Year (YYYY) <input style="width: 100px;" type="text" value="2025"/></p> <p><b>2</b> For the Period From (MM/DD) <input style="width: 30px;" type="text" value="01"/> <input style="width: 30px;" type="text" value="01"/> To (MM/DD) <input style="width: 30px;" type="text" value="12"/> <input style="width: 30px;" type="text" value="31"/></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <input style="width: 30px;" type="text" value="324"/> - <input style="width: 30px;" type="text" value="472"/> - <input style="width: 30px;" type="text" value="675"/> - <input style="width: 30px;" type="text" value="000"/></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <input style="width: 80%; border-bottom: 1px solid black;" type="text" value="BACLAYON, BEBEILYN TACOLOY"/> <b>5</b> RDO Code <input style="width: 30px;" type="text" value="43A"/></p> <p><b>6</b> Registered Address <input style="width: 80%; border-bottom: 1px solid black;" type="text" value="Mahayahay Candulawan Cebu"/> <b>6A</b> ZIP Code <input style="width: 30px;" type="text"/></p> <p><b>6B</b> Local Home Address <input style="width: 80%; border-bottom: 1px solid black;" type="text"/> <b>6C</b> ZIP Code <input style="width: 30px;" type="text"/></p> <p><b>6D</b> Foreign Address <input style="width: 80%; border-bottom: 1px solid black;" type="text"/></p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <input style="width: 30px;" type="text" value="08"/> <input style="width: 30px;" type="text" value="29"/> <input style="width: 30px;" type="text" value="1992"/> <b>8</b> Contact Number <input style="width: 80%; border-bottom: 1px solid black;" type="text"/></p> <p><b>9</b> Statutory Minimum Wage rate per day <input style="width: 100px;" type="text" value="0.00"/></p> <p><b>10</b> Statutory Minimum Wage rate per month <input style="width: 100px;" type="text" value="0.00"/></p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p><b>12</b> TIN <input style="width: 30px;" type="text" value="005"/> - <input style="width: 30px;" type="text" value="057"/> - <input style="width: 30px;" type="text" value="181"/> - <input style="width: 30px;" type="text" value="000"/></p> <p><b>13</b> Employer's Name <input style="width: 80%; border-bottom: 1px solid black;" type="text" value="FOUNDEVER ASIA INCORPORATED"/></p> <p><b>14</b> Registered Address <input style="width: 80%; border-bottom: 1px solid black;" type="text" value="10F GLORIETTA 1 BPO OFC TOWER AYALA MAKA"/> <b>14A</b> ZIP Code <input style="width: 30px;" type="text"/></p> <p><b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/></p> <p><b>17</b> Employer's Name <input style="width: 80%; border-bottom: 1px solid black;" type="text"/></p> <p><b>18</b> Registered Address <input style="width: 80%; border-bottom: 1px solid black;" type="text"/> <b>18A</b> ZIP Code <input style="width: 30px;" type="text"/></p> <p><b>Part IVA - Summary</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52)</td> <td style="width: 40%; text-align: right;"><input style="width: 100%;" type="text" value="22,478.95"/></td> </tr> <tr> <td><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="22,478.95"/></td> </tr> <tr> <td><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>24</b> Tax Due</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>25</b> Amount of Taxes Withheld</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>25A</b> Present Employer</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>25B</b> Previous Employer, if applicable</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>27</b> 5% Tax Credit (PERA Act of 2008)</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td><b>28</b> Total Taxes Withheld (Sum of Items 26 and 27)</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	<input style="width: 100%;" type="text" value="22,478.95"/>	<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	<input style="width: 100%;" type="text" value="22,478.95"/>	<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	<input style="width: 100%;" type="text" value="0.00"/>	<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	<input style="width: 100%;" type="text" value="0.00"/>	<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	<input style="width: 100%;" type="text" value="0.00"/>	<b>24</b> Tax Due	<input style="width: 100%;" type="text" value="0.00"/>	<b>25</b> Amount of Taxes Withheld	<input style="width: 100%;" type="text" value="0.00"/>	<b>25A</b> Present Employer	<input style="width: 100%;" type="text" value="0.00"/>	<b>25B</b> Previous Employer, if applicable	<input style="width: 100%;" type="text" value="0.00"/>	<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<input style="width: 100%;" type="text" value="0.00"/>	<b>27</b> 5% Tax Credit (PERA Act of 2008)	<input style="width: 100%;" type="text" value="0.00"/>	<b>28</b> Total Taxes Withheld (Sum of Items 26 and 27)	<input style="width: 100%;" type="text" value="0.00"/>	<p><b>Part IV-B Details of Compensation Income &amp; 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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.

<b>53</b> <u>RONALD PORTULA</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <input style="width: 100%;" type="text"/>	
<b>CONFORME:</b>		
<b>54</b> <u>BACLAYON, BEBEILYN TACOLOY</u> Employee Signature over Printed Name	Date Signed <input style="width: 100%;" type="text"/>	Amount paid, if CTC <input style="width: 100%;" type="text"/>
CTC/Valid ID No. of Employee <input style="width: 100%;" type="text"/>	Place of Issue <input style="width: 100%;" type="text"/>	Date Issued <input style="width: 100%;" type="text"/>

**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** RONALD PORTULA  
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** \_\_\_\_\_  
Employee Signature over Printed Name