



BIR Form No. <h1 style="margin: 0;">2316</h1> September 2021 (ENCS)	<h2 style="margin: 0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 9/21/ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 2 0 2 3	2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 3 1
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Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 3 6 0 - 0 4 5 - 1 9 1 - 0 0 0 0	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) Amount	30 Holiday Pay (MWE)
4 Employee's Name (Last Name, First Name, Middle Name) CARO, LIBERTY GEKIN	5 RDO Code 1 2 6	31 Overtime Pay (MWE)	32 Night Shift Differential (MWE)
6 Registered Address	6A ZIP Code	33 Hazard Pay (MWE)	34 13th Month Pay and Other Benefits (maximum of P90,000)
6B Local Home Address	6C ZIP Code	35 De Minimis Benefits	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)
6D Foreign Address	7 Date of Birth (MM/DD/YYYY) 0 7 0 9 1 9 9 6	37 Salaries and Other Forms of Compensation	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)
8 Contact Number	9 Statutory Minimum Wage rate per day	39 Basic Salary	40 Representation
10 Statutory Minimum Wage rate per month	11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	41 Transportation	42 Cost of Living Allowance (COLA)

Part II - Employer Information (Present)		B. TAXABLE COMPENSATION INCOME REGULAR	
12 TIN 0 0 4 - 6 3 9 - 7 4 4 - 0 0 0	39 Basic Salary 161,252.53	40 Representation 0.00	41 Transportation 0.00
13 Employer's Name TELEPHILIPPINES, INC	42 Cost of Living Allowance (COLA) 0.00	43 Fixed Housing Allowance 0.00	44 Others (specify)
14 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City	14A ZIP Code 0 0 0 0	44A Allowances 0.00	44B 0.00
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	45 Commission 0.00	46 Profit Sharing 0.00	47 Fees Including Director's Fees 0.00
Part III - Employer Information (Previous)		48 Taxable 13th Month Benefits 0.00	49 Hazard Pay 0.00
16 TIN	17 Employer's Name	50 Overtime Pay 38,772.22	51 Others (specify)
18 Registered Address	18A ZIP Code	51A Bonuses and Incentives 0.00	51B Retirement Benefits 0.00

Part IVA - Summary		SUPPLEMENTARY	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 295,459.84	45 Commission 0.00	46 Profit Sharing 0.00	47 Fees Including Director's Fees 0.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 95,435.09	48 Taxable 13th Month Benefits 0.00	49 Hazard Pay 0.00	50 Overtime Pay 38,772.22
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 200,024.75	51 Others (specify)	51A Bonuses and Incentives 0.00	51B Retirement Benefits 0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 200,024.75	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 200,024.75	
24 Tax Due 0.00	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 (Item 26 less Item 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 0 1 3 1 2 0 2 4
54 LIBERTY GEKIN CARO Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Date Issued
Place of Issue	Amount paid, if CTC

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 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resources 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 LIBERTY GEKIN CARO Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)