



BIR Form No.
2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21/ENCS

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

1 For the Year (YYYY) 2024		2 For the Period From (MM/DD) 03 26 To (MM/DD) 08 23	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 646 - 671 - 286 - 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) SINGCO, DAKHNIE JOYCE, SICIBAN		5 RDO Code 081	
6 Registered Address KAMAGONG LAHUG CEBU CITY		6A ZIP Code	
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 11,670.00	
7 Date of Birth (MM/DD/YYYY) 04 05 2004		30 Holiday Pay (MWE) 0.00	
8 Contact Number		31 Overtime Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day 468.00		32 Night Shift Differential (MWE) 0.00	
10 Statutory Minimum Wage rate per month 12,207.00		33 Hazard Pay (MWE) 0.00	
11 <input checked="" 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) 8,452.69	
Part II - Employer Information (Present)		35 De Minimis Benefits 0.00	
12 TIN 009 - 408 - 015 - 0000		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 4,377.50	
13 Employer's Name GREAT LEARNINGS AND TECHNOLOGIES GLATS CEBU INC		37 Salaries and Other Forms of Compensation 37,738.59	
14 Registered Address UNIT 507 FLB CORPORATE CENTER STREET CEBU BUSINESS PARK BARRIO LUZ CEBU CITY CEBU		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 62,238.78	
14A ZIP Code 6000		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		39 Basic Salary 0.00	
Part III - Employer Information (Previous)		40 Representation	
16 TIN		41 Transportation	
17 Employer's Name		42 Cost of Living Allowance (COLA)	
18 Registered Address		43 Fixed Housing Allowance	
18A ZIP Code		44 Others (specify)	
Part IVA - Summary		44A 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 62,238.78		44B	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 62,238.78		SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00		45 Commission	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		46 Profit Sharing	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00		47 Fees Including Director's Fees	
24 Tax Due 0.00		48 Taxable 13th Month Benefits 0.00	
25 Amount of Taxes Withheld		49 Hazard Pay	
25A Present Employer 0.00		50 Overtime Pay	
25B Previous Employer, if applicable 0.00		51 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00		51A	
27 5% Tax Credit (PERA Act of 2008) 0.00		51B	
28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 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 <u>AKITOSHI ITAKURA</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME: 54 <u>DAKHNIE JOYCE SICIBAN SINGCO</u> Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee <u>06-4647545-5</u>	Place of Issue	Amount paid, if CTC
	Date Issued	
	Date Issued	

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 <u>AKITOSHI ITAKURA</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	<u>DAKHNIE JOYCE SICIBAN SINGCO</u> Employee Signature over Printed Name

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