



BIR Form No.  
**2316**

September 2021 (ENCS)

**Certificate of Compensation  
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 09/21 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) **01 01** To (MM/DD) **09 22**

**Part I - Employee Information**

3 TIN **604 424 882 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ZUNIEGA, CHRISTINE MACASERO** 5 RDO Code **082**

6 Registered Address \_\_\_\_\_ 6A Zip Code \_\_\_\_\_

6B Local Home Address \_\_\_\_\_ 6C Zip Code \_\_\_\_\_

6D Foreign Address \_\_\_\_\_ 6E Zip Code \_\_\_\_\_

7 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ 8 Telephone Number \_\_\_\_\_

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

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

**Part II - Employer Information (Present)**

12 Taxpayer **009 681 162 0000**

13 Employer's Name **IRESPONSE BUSINESS SOLUTIONS INC**

14 Registered Address **UNIT 303 H2N BLDG 2 R OCAMPO DRIVE WHITE** 14A Zip Code **6000**

15 Type of Employer  Main Employer  Secondary Employer

**Part III - Employer Information (Previous)**

16 TIN \_\_\_\_\_

17 Employer's Name \_\_\_\_\_

18 Registered Address \_\_\_\_\_ 18A Zip Code \_\_\_\_\_

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **126,498.87**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **126,498.87**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **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) **0.00**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer **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**

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

	Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	<b>78,703.94</b>
30 Holiday Pay (MWE)	<b>0.00</b>
31 Overtime Pay (MWE)	<b>0.00</b>
32 Night Shift Differential (MWE)	<b>0.00</b>
33 Hazard Pay (MWE)	<b>0.00</b>
34 13th Month Pay and Other Benefits (maximum of P90,000)	<b>7,209.91</b>
35 De Minimis Benefits	<b>17,196.90</b>
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>7,815.00</b>
37 Salaries and Other Forms of Compensation	<b>15,573.11</b>
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<b>126,498.87</b>

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary **0.00**

40 Representation \_\_\_\_\_

41 Transportation \_\_\_\_\_

42 Cost of Living Allowance (COLA) \_\_\_\_\_

43 Fixed Housing Allowance \_\_\_\_\_

44 Others (Specify)

44A \_\_\_\_\_ **0.00**

44B \_\_\_\_\_

**SUPPLEMENTARY**

45 Commission \_\_\_\_\_

46 Profit Sharing \_\_\_\_\_

47 Fees including Director's Fees \_\_\_\_\_

48 Taxable 13th Month Pay Benefits **0.00**

49 Hazard Pay \_\_\_\_\_

50 Overtime Pay \_\_\_\_\_

51 Others (Specify)

51A \_\_\_\_\_

51B \_\_\_\_\_

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 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 (RA No. 10173) for legitimate and lawful purposes.

51 **MIL GREGORY SIPALAY**  
Present Employer/ Authorized Agent Signature Over Printed Name  
Date Signed **1 7 20 24**

CONFORME: *[Signature]*

52 **CHRISTINE MACASERO ZUNIEGA**  
Employee Signature Over Printed Name  
Date Signed \_\_\_\_\_  
Date of Issue \_\_\_\_\_  
Amount Paid, if CTC \_\_\_\_\_

CTC/Valid ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

**To be accomplished under substituted filing**

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

53 **MIL GREGORY SIPALAY**  
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 Returns/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 BIR Form No. 1700 has been filed pursuant to the provisions of Republic Act (RA) No. 3-2002, as amended.

54 **CHRISTINE MACASERO ZUNIEGA**  
Employee Signature Over Printed Name

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