



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

Z316 9/21ENCS

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

1 For the Year (YYYY)	2023	2 For the Period From (MM/DD)	01/01	To (MM/DD)	12/31	
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN	612 - 808 - 842 - 000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME				
4 Employee's Name (Last Name, First Name, Middle Name)		5 RDO Code		Amount		
FUENTES, MELODY ABANDONADO				29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	-	
6 Registered Address		6A ZIP Code		30 Holiday Pay (MWE)	-	
6B Local Home Address		6C ZIP Code		31 Overtime Pay (MWE)	-	
6D Foreign Address				32 Night Shift Differential (MWE)	-	
7 Date of Birth (MM/DD/YYYY)	02/20/2000	8 Contact Number			33 Hazard Pay (MWE)	-
9 Statutory Minimum Wage rate per day				34 13th Month Pay and Other Benefits (maximum of P90,000)	23,243.70	
10 Statutory Minimum Wage rate per month				35 De Minimis Benefits	3,400.00	
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)	12,200.42	
Part II - Employer Information (Present)			37 Salaries and Other Forms of Compensation			
12 TIN	000 - 905 - 083 - 000	13 Employer's Name		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)		
14 Registered Address		14A ZIP Code		53,031.41		
Kangleon St., Ormoc City		6541		B. TAXABLE COMPENSATION INCOME REGULAR		
15 Type of Employer	<input checked="" type="checkbox"/> Main Employer	<input type="checkbox"/> Secondary Employer		39 Basic Salary		
16 TIN		17 Employer's Name		40 Representation		
				-		
Part III - Employer Information (Previous)			41 Transportation			
18 Registered Address		18A ZIP Code		42 Cost of Living Allowance (COLA)		
				-		
Part IVA - Summary			43 Fixed Housing Allowance			
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	185,461.58	44 Others (specify)		-		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	53,031.41	44A	7,871.77	44B		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	132,430.17			-		
22 Add: Taxable Compensation Income from Previous Employer, if applicable	-	SUPPLEMENTARY		45 Commission		
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	132,430.17	46 Profit Sharing		-		
24 Tax Due	-	47 Fees Including Director's Fees		-		
25 Amount of Taxes Withheld	-	48 Taxable 13th Month Benefits		-		
25A Present Employer	-	49 Hazard Pay		-		
25B Previous Employer, if applicable	-	50 Overtime Pay		-		
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	-	51 Others (specify)		-		
27 5% Tax Credit (PERA Act of 2006)	-	51A	-	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)		
28 Total Taxes Withheld (Item 26 less Item 27)	-	51B	-	132,430.17		

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.

51 JEYZELL C. CENIZA Present Employer/Authorized Agent Signature over Printed Name Date Signed _____

CONFORME: 52 FUENTES, MELODY ABANDONADO Employee Signature over Printed Name Date Signed _____ Amount paid, if CTC _____

CTC/Valid ID No. _____ Place of Issue _____ Date Issued _____

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.

53 JEYZELL C. CENIZA Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 FUENTES, MELODY ABANDONADO Employee Signature over Printed Name

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