



BIR Form No.

2316

September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 921ENCS

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

1 For the Year (YYYY) 2 0 2 4

2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 7 1 8

Part I - Employee Information

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

3 TIN 5 0 4 - 4 0 3 - 1 7 9 - 0 0 0 0 0 0
4 Employee's Name (Last Name, First Name, Middle Name) Sarmiento, Christina, Lidot
5 RDO Code
6 Registered Address
6A ZIP Code
6B Local Home Address
6C ZIP Code
6D Foreign Address
7 Date of Birth (MM/DD/YYYY) 1 2 1 6 1 9 9 9
8 Contact Number
9 Statutory Minimum Wage rate per day 0.0000
10 Statutory Minimum Wage rate per month 0.0000
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Table with 2 columns: Item Description, Amount. Includes rows for Basic Salary (29,282.25), Holiday Pay (0.00), Overtime Pay (0.00), Night Shift Differential (0.00), Hazard Pay (0.00), 13th Month Pay (20,577.29), De Minimis Benefits (32,224.30), SSS, GSIS, PHIC & PAG-IBIG Contributions (12,667.50), Salaries and Other forms of Compensation (0.00), Total Non-Taxable/Exempt Compensation Income (94,751.34).

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 TIN 0 0 0 - 8 4 5 - 5 4 3 - 0 0 0 0 0
13 Employer's Name Accenture Inc.
14 Registered Address JF ROBINSONS CYBERGATE 1 PIONEER ST, BARANGKA LAYA MANDALUYONG CITY METRO MANILA 1550
14A ZIP Code 1 5 5 0
15 Type of Employer Main Employer Secondary Employer

Table with 2 columns: Item Description, Amount. Includes rows for Basic Salary (0.00), Representation (0.00), Transportation (0.00), Cost of Living Allowance (COLA) (0.00), Fixed Housing Allowance (0.00), Others (specify) 44A (0.00), 44B (0.00).

Part III - Employer Information (Previous)

16 TIN
17 Employer's Name
18 Registered Address
18A ZIP Code

Part IVA - Summary

Table with 2 columns: Item Description, Amount. Includes rows for Gross Compensation Income (94,751.34), Less: Total Non-Taxable/Exempt Compensation Income (94,751.34), Taxable Compensation Income (0.00), Add: Taxable Compensation Income from previous Employer (0.00), Gross Taxable Compensation Income (0.00), Tax Due (0.00), Amount of Taxes Withheld Present Employer (0.00), Previous Employer (0.00), Total Amount of Taxes Withheld as adjusted (0.00), 5% of Tax Credit (0.00), Total Taxes Withheld (0.00).

Table with 2 columns: Item Description, Amount. Includes rows for Commission (0.00), Profit Sharing (0.00), Fees Including Director's fee (0.00), Taxable 13th Month Benefits (0.00), Hazard Pay (0.00), Overtime Pay (0.00), Others (specify) 51A (0.00), 51B (0.00), Total Taxable Compensation Income (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 Sheryl T. Bautista Present Employer/Authorized Agent Signature over Printed Name

Date Signed 0 9 3 0 2 0 2 4

54 Sarmiento, Christina, Lidot Employee Signature over Printed Name

Date Signed

Amount Paid, if CTC

CTC/Valid ID No. of Employee 3498909985 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.

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 Present Employer / Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 Employee Signature over Printed Name

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