



BIR Form No.

2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/></p> <p>3 TIN <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="9"/> - <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="0"/> - <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="8"/> -</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="Maata Myles Dominique Ligue"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text" value="32a, Alley 1, Borbajo St., Talamban, Cebu City"/> 6A ZIP Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C ZIP Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="4"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>12 TIN <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/> - <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="2"/> - <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="6"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="THE VIRTUAL HUB PH INC."/></p> <p>14 Registered Address <input type="text" value="UNIT 3A CYPRESS GARDENS 112 VA Rufino Street, Legaspi Village, Makati City 1229"/> 14A ZIP Code <input type="text"/></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A ZIP Code <input type="text"/></p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <input type="text" value="44,187.81"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <input type="text" value="6,207.44"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <input type="text" value="37,980.37"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text"/></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="37,980.37"/></p> <p>24 Tax Due <input type="text" value="0.00"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="0.00"/></p> <p>25B Previous Employer, if applicable <input type="text"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p> <p>27 5% Tax Credit (PERA Act of 2008) <input type="text"/></p> <p>28 Total Taxes Withheld (Item 26 less Item 27) <input type="text"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="5"/> To (MM/DD) <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <input type="text"/></p> <p>30 Holiday Pay (MWE) <input type="text"/></p> <p>31 Overtime Pay (MWE) <input type="text"/></p> <p>32 Night Shift Differential (MWE) <input type="text"/></p> <p>33 Hazard Pay (MWE) <input type="text"/></p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) <input type="text" value="3,214.94"/></p> <p>35 De Minimis Benefits <input type="text"/></p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <input type="text" value="2,992.50"/></p> <p>37 Salaries and Other Forms of Compensation <input type="text"/></p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <input type="text" value="6,207.44"/></p> <p>39 Basic Salary <input type="text" value="35,586.81"/></p> <p>40 Representation <input type="text"/></p> <p>41 Transportation <input type="text"/></p> <p>42 Cost of Living Allowance (COLA) <input type="text"/></p> <p>43 Fixed Housing Allowance <input type="text"/></p> <p>44 Others (specify)</p> <p>44A <input type="text"/></p> <p>44B <input type="text"/></p> <p>45 Commission <input type="text"/></p> <p>46 Profit Sharing <input type="text"/></p> <p>47 Fees Including Director's Fees <input type="text"/></p> <p>48 Taxable 13th Month Benefits <input type="text"/></p> <p>49 Hazard Pay <input type="text"/></p> <p>50 Overtime Pay <input type="text" value="2,393.56"/></p> <p>51 Others (specify)</p> <p>51A <input type="text"/></p> <p>51B <input type="text"/></p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <input type="text" value="37,980.37"/></p>
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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 SHIELA DUMO Present Employer/Authorized Agent Signature over Printed Name Date Signed

54 MYLES DOMINIQUE MAATA Employee Signature over Printed Name Date Signed

CTC/Valid ID No. of Employee Place of Issue Date Issued Amount paid, if CTC

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.

55 SHIELA DUMO 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 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 MYLES DOMINIQUE MAATA Employee Signature over Printed Name

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