



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".

1 For the Year (YYYY) **2 0 2 4**

2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **0 3 2 5**

Part I - Employee Information

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

3 TIN **6 3 8 - 4 2 5 - 6 6 3 -**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **PINOTE, CHRISTIAN BELLE AGUILAR** 5 RDO Code **1 2 6**

29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) **0.00**

6 Registered Address **6A ZIP Code**

30 Holiday Pay (MWE) **0.00**

6B Local Home Address **6C ZIP Code**

31 Overtime Pay (MWE) **0.00**

6D Foreign Address

32 Night Shift Differential (MWE) **0.00**

7 Date of Birth (MM/DD/YYYY) **0 4 1 0 1 9 9 6** 8 Contact Number

33 Hazard Pay (MWE) **0.00**

9 Statutory Minimum Wage rate per day **468.00**

34 13th Month Pay and Other Benefits (maximum of P90,000) **10,216.98**

10 Statutory Minimum Wage rate per month

35 De Minimis Benefits **0.00**

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) **5,127.50**

Part II - Employer Information (Present)

37 Salaries and Other Forms of Compensation **1,016.28**

12 TIN **0 0 4 - 6 3 9 - 7 4 4 - 0 0 0**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **16,360.76**

13 Employer's Name **TELEPHILIPPINES, INC**

B. TAXABLE COMPENSATION INCOME REGULAR

14 Registered Address **2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City** 14A ZIP Code **6 0 0 0**

39 Basic Salary **33,476.20**

15 Type of Employer Main Employer Secondary Employer

40 Representation **0.00**

Part III - Employer Information (Previous)

16 TIN

41 Transportation **0.00**

17 Employer's Name

42 Cost of Living Allowance (COLA) **0.00**

18 Registered Address **18A ZIP Code**

43 Fixed Housing Allowance **0.00**

Part IVA - Summary

44 Others (specify) **44A Allowances 15,895.62**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **77,973.73**

44B **0.00**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **16,360.76**

45 Commission **0.00**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **61,612.97**

46 Profit Sharing **0.00**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

47 Fees Including Director's Fees **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **61,612.97**

48 Taxable 13th Month Benefits **0.00**

24 Tax Due **0.00**

49 Hazard Pay **0.00**

25 Amount of Taxes Withheld **0.00**

50 Overtime Pay **12,241.15**

25A Present Employer **0.00**

51 Others (specify) **51A Bonuses and Incentives 0.00**

25B Previous Employer, if applicable **0.00**

51B Retirement Benefits **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **61,612.97**

27 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Item 26 less Item 27) **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 **KATHERINE M. ARAGON**
Present Employer/Authorized Agent Signature over Printed Name

Date Signed **0 4 1 3 2 0 2 4**

CONFORME:
54 **CHRISTIAN BELLE AGUILAR PINOTE**
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.

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**