

**Certificate of Compensation
Payment/Tax Withheld**



BIR Form No.
2316
September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

1 For the Year (YYYY) **2023**

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

Part I - Employee Information

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

3 TIN **3 4 9 - 8 0 2 - 4 2 6 - 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **ABELLA, DAHRLYN**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount

5 RDO Code **080**

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE **9,404.15**

6 Registered Address **MAGSAYSAY HILLS POBLACION, TOLEDO CITY**

30 Holiday Pay (MWE)

6A ZIP Code **0**

31 Overtime Pay (MWE) **2,347.53**

6B Local Home Address

32 Night Shift Differential (MWE)

6D Foreign Address

33 Hazard Pay (MWE)

7 Date of Birth (MM/DD/YYYY) **1 1 3 0 1 9 9 9**

34 13th Month Pay and Other Benefits (maximum of P90,000) **1,115.00**

8 Contact Number **0**

35 De Minimis Benefits **0.00**

9 Statutory Minimum Wage rate per day

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **915.85**

10 Statutory Minimum Wage rate per month

37 Salaries and Other Forms of Compensation **0.00**

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

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **13,782.53**

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 TIN **2 2 6 - 5 2 7 - 9 1 5 - 0 0 0 0**

39 Basic Salary **0.00**

13 Employer's Name **METRO RETAIL STORES GROUP INC**

40 Representation

14 Registered Address **MICAL BLDG COR CD WO SENO ST BRGY GUIZO NRA MANDAUE CITY CEBU**

41 Transportation

14A ZIP Code **6014**

42 Cost of Living Allowance (COLA)

15 Type of Employer Main Employer Secondary Employer

43 Fixed Housing Allowance

Part III - Employer Information (Previous)

44 Others (specify)

16 TIN

44A

17 Employer's Name

44B

18 Registered Address

SUPPLEMENTARY

18A ZIP Code

45 Commission

Part IVA - Summary

46 Profit Sharing

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 37) **13,782.53**

47 Fees Including Director's Fees

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **13,782.53**

48 Taxable 13th Month Benefits **0.00**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 38) **0.00**

49 Hazard Pay

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

50 Overtime Pay **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

51 Others (specify)

24 Tax Due **0.00**

51A **TAXABLE INCOME** **0.00**

25 Amount of Taxes Withheld **0.00**

51B

25A Present Employer **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **0.00**

25B Previous Employer, if applicable **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**

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 **JOSELITO D. ORENSE**
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME: 54 **ABELLA, DAHRLYN**
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. **SSS 0641297861** 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. 1601-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 **JOSELITO D. ORENSE**
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 **ABELLA, DAHRLYN**
Employee Signature over Printed Name

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