



For BIR Use Only BCS/Item:



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**

September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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

1 For the Year (YYYY) <input style="width:100px;" type="text" value="2025"/>	2 For the Period From (MM/DD) <input style="width:100px;" type="text" value="0101"/> To (MM/DD) <input style="width:100px;" type="text" value="1231"/>
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Part I - Employee Information

3 TIN <input style="width:100px;" type="text" value="615-885-279-000"/>
4 Employee's Name (Last Name, First Name, Middle Name) <input style="width:100%; border-bottom: 1px dashed black;" type="text" value="BACALSO, JEWEL DENISE AWAYAN"/> 5 RDO Code <input style="width:100px;" type="text" value="039"/>
6 Registered Address <input style="width:100%; border-bottom: 1px dashed black;" type="text" value="18 CABREROS ST., BASAK SAN NICOLAS, CEBU"/> 6A Zip Code <input style="width:100px;" type="text"/>
6B Local Home Address <input style="width:100%; border-bottom: 1px dashed black;" type="text"/> 6C Zip Code <input style="width:100px;" type="text"/>
6D Foreign Address <input style="width:100%; border-bottom: 1px dashed black;" type="text"/>
7 Date of Birth (MM/DD/YYYY) <input style="width:100px;" type="text" value="08-19-1999"/> 8 Contact Number <input style="width:100px;" type="text"/>
9 Statutory Minimum Wage rate per day <input style="width:100px;" type="text" value="0.00"/>
10 Statutory Minimum Wage rate per month <input style="width:100px;" type="text" value="0.00"/>
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN <input style="width:100px;" type="text" value="009-282-723-"/>
13 Employer's Name <input style="width:100%; border-bottom: 1px dashed black;" type="text" value="24-7 INTOUCH PH INC."/>
14 Registered Address <input style="width:100%; border-bottom: 1px dashed black;" type="text" value="UP TOWN CENTER PHASE II, 3/F CORPORATE T"/> 14A Zip Code <input style="width:100px;" type="text" value="1101"/>
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer

Part III - Employer Information (Previous)

16 TIN <input style="width:100px;" type="text"/>
17 Employer's Name <input style="width:100%; border-bottom: 1px dashed black;" type="text"/>
18 Registered Address <input style="width:100%; border-bottom: 1px dashed black;" type="text"/> 18A Zip Code <input style="width:100px;" type="text"/>

Part IVA - Summary

19 Gross Computation Income from Present Employer (Sum of Items 38 and 52)	<input style="width:100px;" type="text" value="10,886.45"/>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	<input style="width:100px;" type="text" value="10,886.45"/>
21 Taxable Compensation from Present Employer (Item 19 Less Item 20)(From Item 52)	<input style="width:100px;" type="text" value="0.00"/>
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<input style="width:100px;" type="text" value="0.00"/>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<input style="width:100px;" type="text" value="0.00"/>
24 Tax Due	<input style="width:100px;" type="text" value="0.00"/>
25 Amount of Taxes Withheld	<input style="width:100px;" type="text" value="0.00"/>
25A Present Employer	<input style="width:100px;" type="text" value="0.00"/>
25B Previous Employer, if applicable	<input style="width:100px;" type="text" value="0.00"/>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<input style="width:100px;" type="text" value="0.00"/>
27 5% Tax Credit (PERA Act of 2008)	<input style="width:100px;" type="text" value="0.00"/>
28 Total Taxes Withheld (Sum of Items 26 and 27)	<input style="width:100px;" type="text" value="0.00"/>

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250.00 & below or the Statutory Minimum Wage of the MWE)	<input style="width:100px;" type="text" value="878.06"/>
30 Holiday Pay (MWE)	<input style="width:100px;" type="text" value="0.00"/>
31 Overtime Pay (MWE)	<input style="width:100px;" type="text" value="0.00"/>
32 Night Shift Differential (MWE)	<input style="width:100px;" type="text" value="0.00"/>
33 Hazard Pay (MWE)	<input style="width:100px;" type="text" value="0.00"/>
34 13th Month Pay and Other Benefits (maximum of P90,000)	<input style="width:100px;" type="text" value="9,898.05"/>
35 De Minimis Benefits	<input style="width:100px;" type="text" value="110.34"/>
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<input style="width:100px;" type="text" value="0.00"/>
37 Salaries & Other Forms of Compensation	<input style="width:100px;" type="text" value="0.00"/>
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<input style="width:100px;" type="text" value="10,886.45"/>
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	<input style="width:100px;" type="text" value="0.00"/>
40 Representation	<input style="width:100px;" type="text" value="0.00"/>
41 Transportation	<input style="width:100px;" type="text" value="0.00"/>
42 Cost of Living Allowance (COLA)	<input style="width:100px;" type="text" value="0.00"/>
43 Fixed Housing Allowance	<input style="width:100px;" type="text" value="0.00"/>
44 Others (specify)	
44A <input style="width:100%; border-bottom: 1px dashed black;" type="text"/>	<input style="width:100px;" type="text" value="0.00"/>
44B <input style="width:100%; border-bottom: 1px dashed black;" type="text"/>	<input style="width:100px;" type="text" value="0.00"/>
SUPPLEMENTARY	
45 Commission	<input style="width:100px;" type="text" value="0.00"/>
46 Profit Sharing	<input style="width:100px;" type="text" value="0.00"/>
47 Fees Including Director's Fees	<input style="width:100px;" type="text" value="0.00"/>
48 Taxable 13th Month Benefits	<input style="width:100px;" type="text" value="0.00"/>
49 Hazard Pay	<input style="width:100px;" type="text" value="0.00"/>
50 Overtime Pay	<input style="width:100px;" type="text" value="0.00"/>
51 Others (specify)	
51A <input style="width:100%; border-bottom: 1px dashed black;" type="text"/>	<input style="width:100px;" type="text" value="0.00"/>
51B <input style="width:100%; border-bottom: 1px dashed black;" type="text"/>	<input style="width:100px;" type="text" value="0.00"/>
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<input style="width:100px;" type="text" value="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 (RA 10173) for legitimate and lawful purposes.

53 <input style="width:100%; border-bottom: 1px dashed black;" type="text" value="JEFFREY B. RAZON"/> Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed <input style="width:100px;" type="text"/>	
54 <input style="width:100%; border-bottom: 1px dashed black;" type="text" value="BACALSO, JEWEL DENISE AWAYAN"/> Employee Signature Over Printed Name	Date Signed <input style="width:100px;" type="text"/>	Amount Paid, if CTC <input style="width:100px;" type="text"/>
CTC/Valid ID No. of Employee <input style="width:100px;" type="text" value="SSS-0644003654"/> Place of Issue <input style="width:100px;" type="text"/>	Date Issued <input style="width:100px;" type="text" value="00-00-00"/>	

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
Present Employer/ Authorized Agent Signature Over Printed Name (Senior Finance Director 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.

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Employee Signature Over Printed Name