

BIR Form No.  
**2316**  
September 2021 (ENC5)**Certificate of Compensation  
Payment/Tax Withheld**  
For Compensation Payment With or Without Tax Withheld

Z316 9(2)ENC5

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

1 For the year (YYYY) <b>2023</b>	2 For the Period From (MM/DD) <b>01/01</b> To (MM/DD) <b>03/03</b>
<b>Part I - Employee Information</b>	
3 TIN <b>519-641-978-000</b>	<b>Part IV B Details of Compensation Income and Tax Withheld from Present Employer</b>
4 Employee's Name (Last Name, First Name, Middle Name) <b>INOCENCIO, JUARA HANNAH</b>	5 RDO Code
6 Registered Address <b>6A</b> Zip Code	<b>A. NON TAXABLE EXEMPT COMPENSATION INCOME</b> Amount
6B Local Home Address <b>6C</b> Zip Code	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <b>0.00</b>
6D Foreign Address	30 Holiday Pay (MWE) <b>0.00</b>
7 Date of Birth (MM/DD/YYYY) <b>03/18/2000</b>	31 Overtime Pay (MWE) <b>0.00</b>
8 Contact Number	32 Night Shift Differential (MWE) <b>0.00</b>
9 Statutory Minimum Wage rate per day	33 Hazard Pay (MWE) <b>0.00</b>
10 Statutory Minimum Wage rate per month	34 13th Month Pay and Other Benefits (Maximum of P90,000) <b>3,133.80</b>
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	35 De Minimis Benefits <b>1,681.60</b>
<b>Part II - Employer Information (Present)</b>	
12 TIN <b>244-963-878-000</b>	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>1,825.00</b>
13 Employer's Name <b>QUALFON PHILS. INC. CEBU</b>	37 Salaries and Other Forms of Compensation <b>0.00</b>
14 Registered Address <b>14A</b> Zip Code <b>6000</b>	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>6,640.40</b>
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>
<b>Part III - Employer Information (Previous)</b>	
16 TIN	39 Basic Salary <b>21,184.02</b>
17 Employer's Name	40 Representation <b>0.00</b>
18 Registered Address <b>18A</b> Zip Code	41 Transportation <b>796.55</b>
<b>Part IV A - Summary</b>	
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52) <b>37,374.42</b>	42 Cost of Living Allowance (COLA) <b>0.00</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>6,640.40</b>	43 Fixed Housing Allowance <b>0.00</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>30,734.02</b>	44 Others (Specify)
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>	44A <b>OA BIR</b> <b>4,073.18</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>30,734.02</b>	44B <b>0.00</b>
24 Tax Due <b>0.00</b>	<b>SUPPLEMENTARY</b>
25 Amount of Taxes Withheld <b>25A</b> Present Employer <b>0.00</b>	45 Commission <b>0.00</b>
<b>25B</b> Previous Employer, if applicable <b>0.00</b>	46 Profit Sharing <b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>	47 Fees Including Director's Fees <b>0.00</b>
27 5% Tax Credit (PEFA Act of 2008) <b>0.00</b>	48 Taxable 13th Month Benefits <b>0.00</b>
28 Total Taxes Withheld (Sum of Items 26 and 27) <b>0.00</b>	49 Hazard Pay <b>0.00</b>
	50 Overtime Pay <b>4,680.27</b>
	51 Others (Specify)
	51A <b>0.00</b>
	51B <b>0.00</b>
	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>30,734.02</b>

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. 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 METHYL TAER Present Employer/Authorized Agent Signature over Printed Name	Date Signed <b>02/24/2025</b>
CONFORME: 54 INOCENCIO, JUARA HANNAH Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Place of Issue
	Date of Issue
	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 had 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