



BIR Form No.

2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld



For Compensation Payment With or Without Tax Withheld

2316 9/21/ENCS

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

1 For the Year (YYYY) 2 0 2 2

2 For the Period From (MMDD) 0 1 0 1 To (MMDD) 1 2 3 1

3 TIN 4 6 3 - 7 9 5 - 3 4 9 - 0 0 0 0 0 0

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

4 Employee's Name (Last Name, First Name, Middle Name) ALMADEN, MA RHELA ARIGO

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

5 RDO Code 0 0 0

29 Basic Salary (including the exempt P25,000.00 benefit or the Statutory Minimum Wage of the IFAE) 0.00

6 Registered Address City, Ernesto Mangunara's Apartment, Purek 5th Marikina City

30 Holiday Pay (HWP) 0.00

6A ZIP Code

31 Overtime Pay (MWE) 0.00

6B Local Home Address City, Ernesto Mangunara's Apartment, Purek 5th Marikina City

32 Night Shift Differential (MWE) 0.00

6C ZIP Code

33 Hazard Pay (HWP) 0.00

6D Foreign Address

34 13th Month Pay and Other Benefits (maximum of P50,000) 90,000.00

7 Date of Birth (MM/DD/YYYY) 1 1 2 0 1 1 9 1 9 4

35 De Minimis Benefits 23,049.72

8 Contact Number

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 18,672.68

9 Statutory Minimum Wage rate per day

37 Salaries and Other Forms of Compensation 0.00

10 Statutory Minimum Wage rate per month

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 131,722.40

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

B. TAXABLE COMPENSATION INCOME REGULAR

12 TIN 0 0 6 - 8 9 7 - 5 6 3 - 0 0 0 0 0 0

39 Basic Salary 181,164.50

13 Employer's Name WIPRO PHILIPPINES, INC.

40 Reprostitution 0.00

14 Registered Address CEBUIT TOWER 1 LT. 7 BLK 2 COR ARCH, HEYES ST & WINDANAO ST. CEBU BUSINESS PARK, CEBU CITY, CEBU

41 Transportation 0.00

14A ZIP Code 6 0 0 0 0

42 Cost of Living Allowance (COLA) 0.00

15 Type of Employer X Main Employer Secondary Employer

43 Fixed Housing Allowance 0.00

16 TIN

44 Others (specify) 44A 0.00 44B 0.00

17 Employer's Name

SUPPLEMENTARY

18 Registered Address 18A ZIP Code

45 Commission 0.00

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 440,977.12

46 Profit Sharing 0.00

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 131,722.40

47 Fees including Director's Fees 0.00

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 38) 309,254.72

48 Taxable 13th Month Benefits 29,737.62

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

49 Hazard Pay 0.00

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 309,254.72

50 Overtime Pay 0.00

24 Tax Due 11,850.94

51 Others (specify) 51A Salaries and other form of compensation 98,352.60 51B 0.00

25 Amount of Taxes Withheld 25A Present Employer 11,850.94 25B Previous Employer, if applicable 0.00

52 Total Taxable Compensation Income (Sum of Items 23 to 51B) 309,254.72

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 11,850.94

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

28 Total Taxes Withheld (Item 26 less Item 27) 11,850.94

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 thereunder. 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 DEVBAR, JULIE ANN ROMERO / Senior Executive Present Employer/ Authorized Agent Signature over Printed Name

Date Signed

54 ALMADEN, MA RHELA ARIGO Employee Signature over Printed Name

Date Signed Date Issued Amount paid, if CTC

CTC/Valid ID No. of Employee

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 is correct and accurate as my records reflect, and that BIR Form No. 2316 shall have the same status as BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulation (RR) No. 3-2002, as amended.

55 DEVBAR, JULIE ANN ROMERO / Senior Executive Present Employer/ Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resources or Authorized Representative)

56 ALMADEN, MA RHELA ARIGO Employee Signature over Printed Name