



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".

<p>1 For the Year (YYYY) <input type="text" value="2"/><input type="text" value="0"/><input type="text" value="2"/><input type="text" value="4"/></p> <p>Part I - Employee Information</p> <p>3 TIN <input type="text" value="3"/><input type="text" value="5"/><input type="text" value="8"/><input type="text" value="-"/><input type="text" value="7"/><input type="text" value="5"/><input type="text" value="5"/><input type="text" value="-"/><input type="text" value="1"/><input type="text" value="6"/><input type="text" value="9"/><input type="text" value="-"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="MACATIAG, IRISH SOMBILON"/> 5 RDO Code <input type="text" value="1"/><input type="text" value="2"/><input type="text" value="6"/></p> <p>6 Registered Address <input type="text"/> 6A ZIP Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C ZIP Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="0"/><input type="text" value="8"/><input type="text" value="1"/><input type="text" value="3"/><input type="text" value="2"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text" value="468.00"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax.</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="0"/><input type="text" value="0"/><input type="text" value="4"/><input type="text" value="-"/><input type="text" value="6"/><input type="text" value="3"/><input type="text" value="9"/><input type="text" value="-"/><input type="text" value="7"/><input type="text" value="4"/><input type="text" value="4"/><input type="text" value="-"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="TELEPHILIPPINES, INC"/></p> <p>14 Registered Address <input type="text" value="2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City"/> 14A ZIP Code <input type="text" value="6"/><input type="text" value="0"/><input type="text" value="0"/></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A ZIP Code <input type="text"/></p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <input type="text" value="177,581.25"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <input type="text" value="29,553.31"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <input type="text" value="148,027.94"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="148,027.94"/></p> <p>24 Tax Due <input type="text" value="0.00"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="0.00"/></p> <p>25B Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p> <p>27 5% Tax Credit (PERA Act of 2008) <input type="text" value="0.00"/></p> <p>28 Total Taxes Withheld (Item 26 less Item 27) <input type="text" value="0.00"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="0"/><input type="text" value="1"/><input type="text" value="0"/><input type="text" value="1"/> To (MM/DD) <input type="text" value="0"/><input type="text" value="9"/><input type="text" value="0"/><input type="text" value="3"/></p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr> <td>29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>30 Holiday Pay (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>31 Overtime Pay (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>32 Night Shift Differential (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>33 Hazard Pay (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>34 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td><input type="text" value="9,547.51"/></td> </tr> <tr> <td>35 De Minimis Benefits</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td><input type="text" value="12,373.50"/></td> </tr> <tr> <td>37 Salaries and Other Forms of Compensation</td> <td><input type="text" value="7,632.30"/></td> </tr> <tr> <td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td> <td><input type="text" value="29,553.31"/></td> </tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>39 Basic Salary</td> <td><input type="text" value="102,196.60"/></td> </tr> <tr> <td>40 Representation</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>41 Transportation</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>42 Cost of Living Allowance (COLA)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>43 Fixed Housing Allowance</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>44 Others (specify)</td> <td></td> </tr> <tr> <td>44A Allowances</td> <td><input type="text" value="17,032.77"/></td> </tr> <tr> <td>44B</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td colspan="2">SUPPLEMENTARY</td> </tr> <tr> <td>45 Commission</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>46 Profit Sharing</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>47 Fees Including Director's Fees</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>48 Taxable 13th Month Benefits</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>49 Hazard Pay</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>50 Overtime Pay</td> <td><input type="text" value="28,798.57"/></td> </tr> <tr> <td>51 Others (specify)</td> <td></td> </tr> <tr> <td>51A Bonuses and Incentives</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>51B Retirement Benefits</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</td> <td><input type="text" value="148,027.94"/></td> </tr> </tbody> </table>	Amount	Amount	29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	<input type="text" value="0.00"/>	30 Holiday Pay (MWE)	<input type="text" value="0.00"/>	31 Overtime Pay (MWE)	<input type="text" value="0.00"/>	32 Night Shift Differential (MWE)	<input type="text" value="0.00"/>	33 Hazard Pay (MWE)	<input type="text" value="0.00"/>	34 13th Month Pay and Other Benefits (maximum of P90,000)	<input type="text" value="9,547.51"/>	35 De Minimis Benefits	<input type="text" value="0.00"/>	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<input type="text" value="12,373.50"/>	37 Salaries and Other Forms of Compensation	<input type="text" value="7,632.30"/>	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<input type="text" value="29,553.31"/>	39 Basic Salary	<input type="text" value="102,196.60"/>	40 Representation	<input type="text" value="0.00"/>	41 Transportation	<input type="text" value="0.00"/>	42 Cost of Living Allowance (COLA)	<input type="text" value="0.00"/>	43 Fixed Housing Allowance	<input type="text" value="0.00"/>	44 Others (specify)		44A Allowances	<input type="text" value="17,032.77"/>	44B	<input type="text" value="0.00"/>	SUPPLEMENTARY		45 Commission	<input type="text" value="0.00"/>	46 Profit Sharing	<input type="text" value="0.00"/>	47 Fees Including Director's Fees	<input type="text" value="0.00"/>	48 Taxable 13th Month Benefits	<input type="text" value="0.00"/>	49 Hazard Pay	<input type="text" value="0.00"/>	50 Overtime Pay	<input type="text" value="28,798.57"/>	51 Others (specify)		51A Bonuses and Incentives	<input type="text" value="0.00"/>	51B Retirement Benefits	<input type="text" value="0.00"/>	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<input type="text" value="148,027.94"/>
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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.

<p>53 Present Employer/Authorized Agent Signature over Printed Name</p> <p>CONFORME:</p> <p>54 IRISH SOMBILON MACATIAG Employee Signature over Printed Name</p> <p>CTC/Valid ID No. of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text" value="0"/><input type="text" value="9"/><input type="text" value="3"/><input type="text" value="0"/><input type="text" value="2"/><input type="text" value="0"/><input type="text" value="2"/><input type="text" value="4"/></p> <p>Date Signed <input type="text"/></p> <p>Date Issued <input type="text"/></p> <p style="text-align: right;">Amount paid, if CTC <input type="text"/></p>
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<p>55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>56 Employee Signature over Printed Name</p>
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