



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 4	2 For the Period From (MM/DD)	0 1 0 1	To (MM/DD)	1 2 3 1
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Part I - Employee Information		Part II - Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name)	5 RDO Code	Amount	
FOCDOL JOANNA DELA PENA	1 2 6	29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
6 Registered Address	8A ZIP Code	30 Holiday Pay (MWE)	0.00
8B Local Home Address	8C ZIP Code	31 Overtime Pay (MWE)	0.00
8D Foreign Address		32 Night Shift Differential (MWE)	0.00
7 Date of Birth (MM/DD/YYYY)	8 Contact Number	33 Hazard Pay (MWE)	0.00
0 1 2 3 1 0 0 5		34 13th Month Pay and Other Benefits (maximum of P90,000)	30,594.80
9 Statutory Minimum Wage rate per day		35 De Minimis Benefits	0.00
10 Statutory Minimum Wage rate per month		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Unken Dates (Employee share only)	18,245.00
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		37 Salaries and Other Forms of Compensation	12,064.11
Part III - Employer Information (Present)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	60,903.91
12 TIN	0 0 4 - 6 3 0 - 7 4 4 - 0 C C	B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name		39 Basic Salary	159,679.58
TFI FPHII IPPINF, INC.		40 Representation	0.00
14 Registered Address	14A ZIP Code	41 Transportation	0.00
2ND FLOOR, EDGA CORNER UNITED STREET, GREENFIELD DISTRICT, Makati/Quezon City	1 5 5 4	42 Cost of Living Allowance (COLA)	0.00
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Fixed Housing Allowance	0.00
Part III - Employer Information (Previous)		44 Others (specify)	
16 TIN		44A Allowances	0.00
17 Employer's Name		44B	0.00
18 Registered Address	18A ZIP Code	SUPPLEMENTARY	

Part IVA - Summary		45 Commission	0.00
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52)	260,352.38	46 Profit Sharing	0.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	60,903.91	47 Fees Including Director's Fees	0.00
21 Taxable Compensation Income from Present Employer (Item 19 less Item 20) (From Item 39)	199,448.47	48 Taxable 13th Month Benefits	0.00
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)	199,448.47	50 Overtime Pay	39,768.89
24 Tax Due	0.00	51 Others (specify)	
25 Amount of Taxes Withheld	0.00	51A Bonuses and Incentives	0.00
25A Present Employer		51B	0.00
25B Previous Employer, if applicable	0.00	52 Total Taxable Compensation Income (Sum of Items 39 to 51E)	199,448.47
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 (Item 26 less Item 27)	0.00		

I/We declare, under the penalties prescribed that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, to be 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) or legitimate and lawful purposes.

33 Present Employer Authorized Agent Signature over Printed Name	Date Signed	0 1 3 1 2 0 2 5
CONFORME: JOANNA DELA PENA POCDOL	Date Signed	
Employee Signature over Printed Name	Date Issued	
CTC/Valid ID No. of Employee	Place of Issue	Amount paid, if CTC

To be accomplished under substituted filing

35 Present Employer Authorized Agent Signature over Printed Name (Head of Accounting/Finance Department or Authorized Representative)	36 JOANNA DELA PENA POCDOL
	Employee Signature over Printed Name

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