



Certificate of Compensation Payment/Tax Withheld



BIR Form No.
2316
January 2018 (BNCs)

For Compensation Payment With or Without Tax Withheld

2316 01/18 BNCs

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

1 For the Year (YYYY)	2022	2 For the Period From (MM/DD)	05/30	To (MM/DD)	01/19
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN	038 - 152 - 108 - 000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name)		5 RDO Code		Amount	
Jaculan, Mary Vic, Balistoy		044		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6 Registered Address		6A ZIP Code		28 Holiday Pay (MWE)	
Purok 3B				29 Overtime Pay (MWE)	
6B Local Home Address		6C ZIP Code		30 Night Shift Differential (MWE)	
Gusa				31 Hazard Pay (MWE)	
6D Foreign Address		6E ZIP Code		32 13th Month Pay and Other Benefits (maximum of P90,000)	
Philippines				9,000.00	
7 Date of Birth (MM/DD/YYYY)	8 Contact Number	33 De Minimis Benefits		8,903.22	
9/8/1997		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		4,794.29	
9 Statutory Minimum Wage rate per day		35 Salaries and Other Forms of Compensation		-	
10 Statutory Minimum Wage rate per month		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		22,697.51	
11 <input type="checkbox"/> Minimum Wage Farmer (MWF) whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR			
Part II - Employer Information (Present)		37 Basic Salary			
12 TIN	008 - 399 - 094 - 000	41,108.53			
13 Employer's Name		38 Representation			
UBIQUITY GLOBAL SERVICES PHILIPPINES INC.		39 Transportation			
14 Registered Address		14A ZIP Code		40 Cost of Living Allowance (COLA)	
10/F Bench Tower, 30Th Street Corner Rizal Drive, Bonifacio		1630		41 Fixed Housing Allowance	
Global City Taguig		42 Others (specify)			
15 Type of Employer	<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	42A Other Taxable Income		17,063.74	
Part III - Employer Information (Previous)		42B			
16 TIN	- - - - -	SUPPLEMENTARY			
17 Employer's Name		43 Commission			
18 Registered Address		18A ZIP Code		44 Profit Sharing	
				45 Fees Including Director's Fees	
Part VA - Summary		46 Taxable 13th Month Benefits			
19 Gross Compensation Income from Present Employer (Sum of Items 30 and 50)	80,869.78	47 Hazard Pay			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	22,697.51	48 Overtime Pay			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	58,172.27	49 Others (specify)		49A	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		49B		49B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	58,172.27	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)			
24 Tax Due	-	58,172.27			
25 Amount of Taxes Withheld					
25A Present Employer	-				
25B Previous Employer, if applicable	-				
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	-				

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.

51 <u>Mary Rose Gonzales</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed
CONFORME: 52 <u>Jaculan, Mary Vic, Balistoy</u> Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Place of Issue
	Date Issued

<p>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.</p> <p>53 <u>Mary Rose Gonzales</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>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.</p> <p>54 <u>Jaculan, Mary Vic, Balistoy</u> Employee Signature over Printed Name</p>
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)