



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) <b>2 0 2 1</b>		2 For the Period From (MM/CC) <b>0 7 0 8</b> To (MM/CC) <b>1 2 3 1</b>	
<b>Part I - Employee Information</b>			
3 TIN <b>5 0 5 - 8 0 8 - 2 9 9 -</b>			
4 Employer's Name (Last Name, First Name, Middle Name) <b>DELA PENA, KAYLO NATURAL</b>		5 RCO Code <b>1 2 6</b>	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) <b>0 9 2 6 2 0 0 1</b>		8 Contact Number	
9 Statutory Minimum Wage rate per day			
10 Statutory Minimum Wage rate per month			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
<b>Part II - Employer Information (Present)</b>			
12 TIN <b>0 0 4 - 6 3 9 - 7 4 4 - 0 0 0</b>			
13 Employer's Name <b>TELEPHILIPPINES, INC.</b>			
14 Registered Address <b>2ND FLOOR, EDGA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City</b>		14A ZIP Code <b>1 5 5 4</b>	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
<b>Part III - Employer Information (Previous)</b>			
16 TIN			
17 Employer's Name			
18 Registered Address		18A ZIP Code	
<b>Part IVA - Summary</b>			
19 Gross Compensation Income from Present Employer (Sum of Items 29 and 52)	<b>112,830.48</b>		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 20)	<b>30,018.58</b>		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	<b>82,811.90</b>		
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>		
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>82,811.90</b>		
24 Tax Due	<b>0.00</b>		
25 Amount of Taxes Withheld	<b>0.00</b>		
25A Present Employer	<b>0.00</b>		
25B Previous Employer, if applicable	<b>0.00</b>		
26 Total Amount of Taxes Withheld as Adjusted (Sum of Items 25A and 25B)	<b>0.00</b>		
27 5% Tax Credit (PERA Act of 2008)	<b>0.00</b>		
28 Total Taxes Withheld (Item 26 less Item 27)	<b>0.00</b>		
<p>I/we declare, under the penalties provided for 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>			
29 Present Employer/Authorized Agent Signature over Printed Name <i>Kaylo Natural Dela Pena</i>	Date Signed <b>0 1 3 1 2 0 2 5</b>		
30 CONFIRME: KAYLO NATURAL DELA PENA	Date Signed		
31 Employee Signature over Printed Name	Date Issued		
32 CTC/Valid ID No. of Employee	Place of Issue	Date Issued	Amount paid, if CTC
<b>To be accomplished under substituted filing</b>			
<p>I declare, under the penalties provided for 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>			
33 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	Date Signed		
34 Employee Signature over Printed Name	Date Issued		

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20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 20)		<b>30,018.58</b>	
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