



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".

**1** For the Year (YYYY) 2024

**3** TIN 321 - 741 - 461 - 0000

**4** Employee's Name (Last Name, First Name, Middle Name) CAANG, JANE ASHLEY SALAPI

**5** RDO Code 054B

**6** Registered Address Purok 3 Upper Campuhaw Cebu, Philippines

**6A** ZIP Code

**6B** Local Home Address

**6C** ZIP Code

**6D** Foreign Address

**7** Date of Birth (MM/DD/YYYY) 03 08 1997

**8** Contact Number

**9** Statutory Minimum Wage rate per day

**10** Statutory Minimum Wage rate per month

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

**Part II - Employer Information (Present)**

**12** TIN 003 - 507 - 507 - 0100

**13** Employer's Name BPWATERWORKS INC

**14** Registered Address 24 DDNA ROSARIO BLDGADRIATICO ST COR FULLON ST PHASE2-C,BFS,MOLINO 5 CAVITE

**14A** ZIP Code 4102

**15** Type of Employer  Main Employer  Secondary Employer

**Part III - Employer Information (Previous)**

**16** TIN

**17** Employer's Name

**18** Registered Address

**18A** ZIP Code

**Part IVA - Summary**

**19** Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 16,931.23

**20** Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 5,201.83

**21** Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 11,729.40

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

**23** Gross Taxable Compensation Income (Sum of Items 21 and 22) 11,729.40

**24** Tax Due

**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)

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

**28** Total Taxes Withheld (Sum of Items 26 and 27)

**2** For the Period From (MM/DD) 01 01 To (MM/DD) 02 28

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

	Amount
<b>29</b> Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
<b>30</b> Holiday Pay (MWE)	
<b>31</b> Overtime Pay (MWE)	
<b>32</b> Night Shift Differential (MWE)	
<b>33</b> Hazard Pay (MWE)	
<b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000)	<u>-662.87</u>
<b>35</b> De Minimis Benefits	<u>5,864.70</u>
<b>36</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	-
<b>37</b> Salaries and Other Forms of Compensation	
<b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<u>5,201.83</u>

**B. TAXABLE COMPENSATION INCOME REGULAR**

<b>39</b> Basic Salary	-
<b>40</b> Representation	
<b>41</b> Transportation	
<b>42</b> Cost of Living Allowance (COLA)	
<b>43</b> Fixed Housing Allowance	
<b>44</b> Others (specify)	
<b>44A</b>	
<b>44B</b>	

**SUPPLEMENTARY**

<b>45</b> Commission	
<b>46</b> Profit Sharing	
<b>47</b> Fees Including Director's Fees	
<b>48</b> Taxable 13th Month Benefits	-
<b>49</b> Hazard Pay	
<b>50</b> Overtime Pay	
<b>51</b> Others (specify)	
<b>51A</b> Other Taxable Income	<u>11,729.40</u>
<b>51B</b>	
<b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B)	<u>11,729.40</u>

I 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.

**53** JOCELYN L. DELUTA  
Present Employer/Authorized Agent Signature over Printed Name

**54** JANE ASHLEY SALAPI CAANG  
Employee Signature over Printed Name

CTC/Valid ID No. of Employee 0636748833 Place of Issue

Date Signed \_\_\_\_\_ Date Signed \_\_\_\_\_ Date Issued \_\_\_\_\_

Amount paid, if CTC \_\_\_\_\_

**55** \_\_\_\_\_  
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

**56** \_\_\_\_\_  
Employee Signature over Printed Name

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