

For BIR / BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Annex "A"

BIR Form No. 2316 September 2021(ENCS)		Certificate of Compensation Payment/Tax Withheld <small>For Compensation Payment With or Without Tax Withheld</small>		 2316 9-21 ENCS	
1 For the Year (YYYY) 2 0 2 1		2 For the Period From (MMDD) 0 1 0 1 To (MMDD) 1 2 3 1			
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN 7 1 9 - 5 0 9 - 2 1 7 - 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employer's Name (Last Name, First Name, Middle Name) TRUZ, THRISHIA CABALIDA		5 RDO Code 1 2 6		Amount	
6 Registered Address		6A ZIP Code		29 Basic Salary (including the exempt P200,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
6B Local Home Address		6B ZIP Code		30 Holiday Pay (MWE) 0.00	
6C Foreign Address				31 Overtime Pay (MWE) 0.00	
7 Date of Birth (MMDDYYYY)		8 Contact Number		32 Night Shift Differential (MWE) 0.00	
9 Statutory Minimum Wage rate per day				33 Hazard Pay (MWE) 0.00	
10 Statutory Minimum Wage rate per month				34 13th Month Pay and Other Benefits (maximum of P90,000) 21,026.77	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				35 De Minimis Benefits 0.00	
Part II - Employer Information (Present)			36 SSS, GSIS, PHIC & PAG-IBIG Contributors and Union Dues (Employee share only) 20,345.51		
12 TIN 0 0 4 - 6 3 9 - 7 4 4 - 0 0 0		13 Employer's Name TELEPHILIPPINES, INC		37 Salaries and Other Forms of Compensation 11,737.86	
14 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City		14A ZIP Code 1 5 5 4		38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37) 53,110.14	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				B. TAXABLE COMPENSATION INCOME REGULAR	
Part III - Employer Information (Previous)			39 Basic Salary 188,775.72		
16 TIN		17 Employer's Name		40 Representation 0.00	
18 Registered Address		18A ZIP Code		41 Transportation 0.00	
Part IV-A - Summary			42 Cost of Living Allowance (COLA) 0.00		
19 Gross Compensation Income from Present Employer (Sum of items 39 and 52) 296,330.41		20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38) 53,110.14		43 Fixed Housing Allowance 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52) 243,220.27		22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		44 Others (specify) 44A Allowances 7,534.48	
23 Gross Taxable Compensation Income (Sum of items 21 and 22) 243,220.27		24 Tax Due 0.00		44B 0.00	
25 Amount of Taxes Withheld 25A Present Employer 0.00		25B Previous Employer, if applicable 0.00		SUPPLEMENTARY	
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) 0.00		27 5% Tax Credit (PEFA Act of 2008) 0.00		45 Commission 0.00	
28 Total Taxes Withheld (Item 26 less item 27) 0.00				46 Profit Sharing 0.00	
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.			47 Fees including Director's Fees 0.00		
53 Present Employer/Authorized Agent Signature over Printed Name		Date Signed 0 1 3 1 2 0 2 5		48 Taxable 13th Month Benefits 0.00	
54 THRISHIA CABALIDA TRUZ Employee Signature over Printed Name		Date Signed		49 Hazard Pay 0.00	
CTC/Valid ID No. of Employee		Place of Issue		50 Overtime Pay 46,910.07	
				51 Others (specify) 51A Bonuses and Incentives 0.00	
				51B 0.00	
				52 Total Taxable Compensation Income (Sum of items 39 to 51B) 243,220.27	
To be accomplished under substituted filing			To be accomplished under substituted filing		
I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1504-C which has been filed with the Bureau of Internal Revenue.			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. 1504-C filed by my employer (my BIR) shall constitute as my income tax return; and that BIR Form No. 2316 that serves the same purpose as BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.		
55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resources or Authorized Representative)		56 THRISHIA CABALIDA TRUZ Employee Signature over Printed Name		Amount paid, if CTC	

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

