For BIR Use Only: BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. **2316**
January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

1 For the Year (YYYY): 2021

2 For the Period: From (MM/DD): 01 01 To (MM/DD): 04 30

Part I - Employee Information

3 TIN: 754 875 548 0000

4 Employee's Name (Last Name, First Name, Middle Name): BARCELON, RUWEGIE CADAPAN

4A RDO Code: 43A

5 Registered Address

5A ZIP Code

6 Local Home Address

6A ZIP Code

6B Foreign Address

7 Date of Birth (MM/DD/YYYY): 06 27 2000

8 Contact Number: +639311504656

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

Part II - Employer Information (Present)

12 TIN: 232 740 086 0000

13 Employer's Name: ASA PHILIPPINES FOUNDATION, INC.

14 Registered Address: 15TH FLOOR #ESTACIO TOWER F. ORTIGAS JR. ST. ORTIGAS CENTER PASIG CITY.

14A ZIP Code: 1605

15 Type of Employer: [X] Main Employer [ ] Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
27 Basic Salary Including the excess of P250,000 & below or the Statutory Minimum Wage of the MWE	40,480.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	3,667.00
33 De Minimis Benefits	0.00
34 SSS, GSIS, PhilHealth & Pag-Ibig Contributions and Union Dues (Employee share only)	3,520.00
35 Salaries and Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	47,667.00
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	0.00
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (specify)	
42A Employee Benefit	0.00
42B	
SUPPLEMENTARY	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Benefits	0.00
47 Hazard Pay	
48 Overtime Pay	
49 Others (specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	0.00

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	47,667.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	47,667.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (Enter Item 50)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

We declare, under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of 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, we hereby agree to comply as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 MADELYN S. ELCARTE
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

52 RUWEGIE CADAPAN BARCELON
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee

Place of Issue

Date Signed

Amount paid, if CTC

To be accomplished under substituted filing

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.

53 MADELYN S. ELCARTE
Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/Human Resource or Authorized Representative)

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 a BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 RUWEGIE CADAPAN BARCELON
Employee Signature over Printed Name

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