



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) **2023**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

**Part I - Employee Information**

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

3 TIN **764 716 752 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **CANONIGO, KEM NICOLE MARILLA**

5 RDO Code **080**

6 Registered Address **P. REMEDIOS BANILAD MANDAUE CITY 6014**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **06 03 1999**

8 Telephone Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

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

	Amount
27 Basic Salary (including the exempt P250,000 & below of the Statutory Minimum Wage of the MWE)	<b>0.00</b>
28 Holiday Pay (MWE)	<b>0.00</b>
29 Overtime Pay (MWE)	<b>0.00</b>
30 Night Shift Differential (MWE)	<b>0.00</b>
31 Hazard Pay (MWE)	<b>0.00</b>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<b>14,455.47</b>
33 De Minimis Benefits	<b>32,250.00</b>
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	<b>14,040.00</b>
35 Salaries & Other Forms of Compensation	<b>0.00</b>
<b>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</b>	<b>60,745.47</b>

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

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

12 Taxpayer **009 939 123 0000**

13 Employer's Name **LEADGEN CORP.**

14 Registered Address **G. LOPEZ JAENA ST SUBANGDAKU MANDAUE CITY CEBU**

14A Zip Code **6014**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

37 Basic Salary	<b>159,425.51</b>
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	<b>33,729.68</b>
42B	

**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 36 and 50)	<b>253,900.66</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	<b>60,745.47</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	<b>193,155.19</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>193,155.19</b>
24 Tax Due	<b>0.00</b>
25 Amount of Taxes Withheld	
25A Present Employer	<b>0.00</b>
25B Previous Employer	<b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>

**SUPPLEMENTARY**

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits	<b>0.00</b>
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
<b>50 Total Taxable Compensation Income (Sum of Items 37 and 49R)</b>	<b>193,155.19</b>

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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 **KEMNY ROSE JACA**  
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME: **KEM NICOLE MARILLA CANONIGO**

52 **KEM NICOLE MARILLA CANONIGO**  
Employee Signature Over Printed Name

CTC/Valid ID No. of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_

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

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

Date of Issue \_\_\_\_\_

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. 1604C which has been filed with the Bureau of Internal Revenue.

53 **KEMNY ROSE JACA**  
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 Returns (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 the Regulative Regulations (RR) No. 3-2002, as amended.

54 **KEM NICOLE MARILLA CANONIGO**  
Employee Signature Over Printed Name

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