



BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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

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

2 For the Period From (MM/DD) **06 14** To (MM/DD) **12 31**

Part I - Employee Information

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

3 TIN **654 698 964 0000**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **GODINEZ, MARY DIVINE ROSE LIBRE**

29 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) **65,963.55**

5 RDO Code **081**

30 Holiday Pay (MWE) **2,838.07**

6 Registered Address

31 Overtime Pay (MWE) **5,195.36**

6A Zip Code

32 Night Shift Differential (MWE) **0.00**

6B Local Home Address

33 Hazard Pay (MWE) **0.00**

6C Zip Code

34 13th Month Pay and Other Benefits (maximum of P90,000) **29,804.67**

6D Foreign Address

35 De Minimis Benefits **16,680.00**

6E Zip Code

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **5,780.43**

7 Date of Birth (MM/DD/YYYY)

37 Salaries and Other Forms of Compensation **0.00**

8 Telephone Number

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **126,262.08**

9 Statutory Minimum Wage rate per day **501.00**

10 Statutory Minimum Wage rate per month **11,022.00**

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

B. TAXABLE COMPENSATION INCOME REGULAR

Part II - Employer Information (Present)

12 Taxpayer **007 561 496 0000**

39 Basic Salary **0.00**

13 Employer's Name **ALCHEMY DATA CAPTURE SOLUTIONS INC**

40 Representation

14 Registered Address **5TH FLR UNIT 501 CEBU HOLDINGS CENTER CEBU**

41 Transportation

14A Zip Code **6000**

42 Cost of Living Allowance (COLA)

15 Type of Employer Main Employer Secondary Employer

43 Fixed Housing Allowance

Part III - Employer Information (Previous)

44 Others (Specify)

16 TIN

44A **0.00**

17 Employer's Name

44B

18 Registered Address

45 Commission

18A Zip Code

46 Profit Sharing

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **126,262.08**

47 Fees Including Director's Fees

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **126,262.08**

48 Taxable 13th Month Pay Benefits **0.00**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **0.00**

49 Hazard Pay

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

50 Overtime Pay

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

51 Others (Specify)

24 Tax Due **0.00**

51A

25 Amount of Taxes Withheld

51B

25A Present Employer **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **0.00**

25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

27 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (sum of items 26 and 27) **0.00**

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" (RA 10173) for legitimate and lawful purposes.

51 **HIDELISA HIDY T DELA VICTORIA**
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

52 **MARY DIVINE ROSE LIBRE GODINEZ**
Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No. of Employee **25459356** Place of Issue **CEBU CITY**

Date of Issue **0 1 2 7 2 0 2 5** Amount Paid, if CTC **175.00**

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 **HIDELISA HIDY T DELA VICTORIA**
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 Revenue Regulations (RR) No. 3-2002, as amended.

54 **MARY DIVINE ROSE LIBRE GODINEZ**
Employee Signature Over Printed Name

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