



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) 2 0 2 4	2 For the Period From (MM/DD) 0 8 2 7 To (MM/DD) 1 1 0 1
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Part I - Employee Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN 6 2 3 4 9 1 9 1 0 0 0 0	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) Amount
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	30 Holiday Pay (MWE)
CARBONILLA, JOHN NOEL 1 2 6	31 Overtime Pay (MWE)
6 Registered Address 6A ZIP Code	32 Night Shift Differential (MWE)
6B Local Home Address 6C ZIP Code	33 Hazard Pay (MWE)
6D Foreign Address	34 13th Month Pay and Other Benefits (maximum of P90,000) 2,179.55
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	35 De Minimis Benefits 684.44
9 Statutory Minimum Wage rate per day	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 2,378.64
10 Statutory Minimum Wage rate per month	37 Salaries and Other Forms of Compensation -
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 5,242.63

Part II - Employer Information (Present)

12 TIN 0 0 6 - 9 4 4 - 7 4 2 - 0 0 0 0	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
13 Employer's Name	39 Basic Salary 37,257.72
TRANSCOM WORLDWIDE PHILIPPINES INC -MANILA	40 Representation
14 Registered Address 14A ZIP Code	41 Transportation
SILVER CITY 5 OFFICE LANE ORTIGAS EAST, UGONG 1604 CITY OF PASIG NCR, SECOND DISTRICT PASIG	42 Cost of Living Allowance (COLA)
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	43 Fixed Housing Allowance


Part III - Employer Information (Previous)

16 TIN	B. TAXABLE COMPENSATION INCOME REGULAR
17 Employer's Name	44 Others (specify)
18 Registered Address 18A ZIP Code	44A
	44B

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	42,500.35	45 Commission
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	5,242.63	46 Profit Sharing
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	37,257.72	47 Fees Including Director's Fees
22 Add: Taxable Compensation Income from Previous Employer, if applicable		48 Taxable 13th Month Benefits
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	37,257.72	49 Hazard Pay
24 Tax Due	-	50 Overtime Pay
25 Amount of Taxes Withheld	-	51 Others (specify)
25A Present Employer	-	51A
25B Previous Employer, if applicable	0	51B
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	-	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 37,257.72
27 5% Tax Credit (PERA Act of 2008)	-	
28 Total Taxes Withheld (Sum of Items 26 and 27)	-	

I/we 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  MUKUL HANDA - DIRECTOR, HRSS Present Employer/Authorized Agent Signature over Printed Name	Date Signed
CONFORME: 54 CARBONILLA, JOHN NOEL Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee Place of Issue	Date Issued Amount paid, if CTC

To be accomplished under substituted filing

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	56 CARBONILLA, JOHN NOEL
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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.

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

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