



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 5

2 For the Period From (MM/DD) 0 1 2 0 To (MM/DD) 0 3 2 5

Part I - Employee Information

3 TIN 6 4 5 - 4 6 6 - 3 8 1 - 0 0 0 0 0

4 Employee's Name (Last Name, First Name, Middle Name) Mirabueno, Feah, Barrientos 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number

9 Statutory Minimum Wage rate per day 0.0000

10 Statutory Minimum Wage rate per month 0.0000

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

Part II - Employer Information (Present)

12 TIN 0 0 0 - 8 4 5 - 5 4 3 - 0 0 0 0 0

13 Employer's Name Accenture Inc.

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IVA - Summary

Table with 2 columns: Item Description and Amount. Items 19-28.

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Table with 2 columns: Item Description and Amount. Items 29-37.

B. TAXABLE COMPENSATION INCOME REGULAR

Table with 2 columns: Item Description and Amount. Items 39-44.

SUPPLEMENTARY

Table with 2 columns: Item Description and Amount. Items 45-52.

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 Sheryll T. Bautista Present Employer/Authorized Agent Signature over Printed Name

Date Signed 0 4 2 8 2 0 2 5

54 Mirabueno, Feah, Barrientos Employee Signature over Printed Name

Date Signed

Amount Paid, if CTC

CTC/Valid ID No. of Employee 0645846331 Place of Issue

Date Issued

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.

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.

55 Present Employer / Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 Employee Signature over Printed Name