



BIR Form No. 2316

September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld

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) 08 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 356 403 023 0000

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) DE LA CERNA, WENNIE JOY DE LA CRUZ 5 RDO Code 098

Amount

6 Registered Address SITIO BALUARTE, LUMBIA, CDOC 6A Zip Code

29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 46,081.50

6B Local Home Address 6C Zip Code

30 Holiday Pay (MWE) 0.00

6D Foreign Address 6E Zip Code

31 Overtime Pay (MWE) 0.00

7 Date of Birth (MM/DD/YYYY) 0 4 1 0 1 9 9 6 8 Telephone Number

32 Night Shift Differential (MWE) 0.00

9 Statutory Minimum Wage rate per day 0.00 10 Statutory Minimum Wage rate per month 0.00

33 Hazard Pay (MWE) 0.00

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

34 13th Month Pay and Other Benefits (maximum of P90,000) 4,234.00

35 De Minimis Benefits 0.00

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 4,726.50

37 Salaries and Other Forms of Compensation 0.00

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 55,042.00

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 Taxpayer 432 304 151 0000

13 Employer's Name ARGUSLAND INC

39 Basic Salary 0.00

14 Registered Address 2ND FLOOR DU POINT BUILDING CRUZ TAAL STREET 14A Zip Code 9000

40 Representation

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

41 Transportation

Part III - Employer Information (Previous)

42 Cost of Living Allowance (COLA)

16 TIN

43 Fixed Housing Allowance

17 Employer's Name

44 Others (Specify) 44A 0.00

18 Registered Address 18A Zip Code

44B

Part IVA - Summary

SUPPLEMENTARY

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 55,042.00

45 Commission

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 55,042.00

46 Profit Sharing

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

47 Fees Including Director's Fees

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

48 Taxable 13th Month Pay Benefits 0.00

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

49 Hazard Pay

24 Tax Due 0.00

50 Overtime Pay

25 Amount of Taxes Withheld 25A Present Employer 0.00 25B Previous Employer 0.00

51 Others (Specify) 51A 51B

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

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 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 (R.A. No. 10173) for legitimate and lawful purposes.

51 CARLO JADE DANLUYAN TUHOD Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

52 WENNIE JOY DE LA CRUZ DE LA CERNA Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No. of Employee Place of Issue

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.

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.

53 CARLO JADE DANLUYAN TUHOD Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 WENNIE JOY DE LA CRUZ DE LA CERNA Employee Signature Over Printed Name

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