



BIR Form No.

2316

September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9-21 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) 01 01 To (MM/DD) 12 31	
Part I - Employee Information		Part II-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 652 - 364 - 222 - 0081		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employer's Name (Last Name, First Name, Middle Name) GUINARES, KEESHA DONNA, CABINATAN		5 RDO Code 081	
6 Registered Address 7TH FLOOR SKYRISE 4B IT PARK APAS CEBU CITY		6A ZIP Code 6000	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		29 Basic Salary (including the exempt P200,000 & below) or the Statutory Minimum Wage of the MWE	
7 Date of Birth (MM/DD/YYYY) 10 06, 1998		30 Holiday Pay (MWE)	
8 Contact Number 09178072322		31 Overtime Pay (MWE)	
9 Statutory Minimum Wage rate per day		32 Night Shift Differential (MWE)	
10 Statutory Minimum Wage rate per month		33 Hazard Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		34 13th Month Pay and Other Benefits (maximum of P90,000) 10,225.28	
Part II - Employer Information (Present)		35 De Minimis Benefits 0.00	
12 TIN 007 - 876 - 982 - 00000		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 10,860.21	
13 Employer's Name GREATENGLISH CORPORATION		37 Salaries and Other Forms of Compensation 0.00	
14 Registered Address 8TH FLR SKYRISE 4 ASIATOWN IT PARK APAS CEBU CITY		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 21,085.49	
14A ZIP Code 6000		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		39 Basic Salary 186,477.09	
Part III - Employer Information (Previous)		40 Representation	
16 TIN		41 Transportation	
17 Employer's Name		42 Cost of Living Allowance (COLA)	
18 Registered Address		43 Fixed Housing Allowance	
18A ZIP Code		44 Others (specify)	
Part IVA - Summary		44A 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 40)		44B	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		45 Commission	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		46 Profit Sharing	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		47 Fees including Director's Fees	
24 Tax Due		48 Taxable 13th Month Benefits 0.00	
25 Amount of Taxes Withheld 25A Present Employer		49 Hazard Pay	
25B Previous Employer, if applicable		50 Overtime Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		51 Others (specify)	
27 5% Tax Credit (PERA Act of 2008)		51A	
28 Total Taxes Withheld (Sum of Items 26 and 27)		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 186,477.09	

I/We declare, under the penalties of perjury that the 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" (RA No. 10173) for legitimate and lawful purposes.

53 ao04 Present Employer/Authorized Agent Signature over Printed Name		Date Signed	
CONFORME: KEESHA DONNA CABINATAN GUINARES		Date Signed	
Employee Signature over Printed Name		Amount paid, if CTC	
CTC/Valid ID No. of Employee SSS644953377		Date Issued	
Place of Issue Cebu City			

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are recorded under BIR Form No. 1504-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. 1505), 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 (the due equate tax withheld); that the BIR Form No. 1504-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. 1505 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.	
55 ao04 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		KEESHA DONNA CABINATAN GUINARES Employee Signature over Printed Name	