



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) 2026 2 For the Period From (MM/DD) 01 01 To (MM/DD) 01 10

**Part I - Employee Information** **Part II - Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN 760 - 294 - 382 - 000  
 4 Employee's Name (Last Name, First Name, Middle Name) BLANCO, CARMEL BATONG 8 RDO Code 126  
 6 Registered Address Manoboigan, Cebu City 6A ZIP Code \_\_\_\_\_  
 6B Local Home Address \_\_\_\_\_ 6C ZIP Code \_\_\_\_\_  
 6D Foreign Address \_\_\_\_\_  
 7 Date of Birth (MM/DD/YYYY) 07 16 2001 8 Contact Number \_\_\_\_\_  
 9 Statutory Minimum Wage rate per day 0.00  
 10 Statutory Minimum Wage rate per month 0.00  
 11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

**Part III - Employer Information (Present)** **A. NON-TAXABLE/EXEMPT COMPENSATION INCOME** Amount

12 TIN 208 - 780 - 708 - 000  
 13 Employer's Name FOUNDEVER PHILIPPINES CORPORATION  
 14 Registered Address C/O ONE ALIA VANGAS BLDG CRISTINA HOME D 14A ZIP Code \_\_\_\_\_  
 15 Type of Employer  Man Employer  Secondary Employer  
 16 TIN \_\_\_\_\_  
 17 Employer's Name \_\_\_\_\_  
 18 Registered Address \_\_\_\_\_ 18A ZIP Code \_\_\_\_\_

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	16,994.67
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	0.00
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	1,425.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	18,419.67

**Part IV - Summary** **B. TAXABLE COMPENSATION INCOME REGULAR**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	18,419.67
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	18,419.67
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 38)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld 25A Present Employer	0.00
25B Previous Employer, if applicable	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

39 Basic Salary	0.00
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	0.00
44A	0.00
44B	0.00

**SUPPLEMENTARY**

45 Commission	0.00
46 Profit Sharing	0.00
47 Fees including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (specify)	0.00
51A	0.00
51B	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

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 (RA No. 10173) for legitimate and lawful purposes.

53 EMILIA MORAN Date Signed \_\_\_\_\_  
 Present Employer/Authorized Agent Signature over Printed Name  
**CONFORME:**  
 54 BLANCO, CARMEL BATONG Date Signed \_\_\_\_\_  
 Employee Signature over Printed Name  
 CTC/Valid ID No. of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_ 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. 1604-C which has been filed with the Bureau of Internal Revenue.  
 55 EMILIA MORAN Date Signed \_\_\_\_\_  
 Present Employer/Authorized Agent Signature over Printed Name (head of Accounting/Human Resource or Authorized Representative)  
 56 \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Employee Signature over Printed Name

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