

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 2 0 1 9		2 For the Period From (MM/DD) 0 1 0 2 To (MM/DD) 1 0 2 0	
Part I - Employee Information			
3 TIN 3 3 1 2 9 6 2 9 2 0 0 0 0 0		5 RDO Code 0 8 1	
4 Employee's Name (Last Name, First Name, Middle Name) WOLFE, JUSTIN		6A ZIP Code	
6 Registered Address		6B Local Home Address	
6D Foreign Address		6C ZIP Code	
7 Date of Birth (MM/DD/YYYY)		8 Contact Number	
9 Statutory Minimum Wage rate per day		10 Statutory Minimum Wage rate per month	
11 <input type="checkbox"/> 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 9 8 1 7 4 1 1 0 0 0 0 0		13 Employer's Name LEAFTEL INC	
14 Registered Address UNIT 1 11TH FLOOR JY SQUARE IT CENTER 3 1 SALINAS DR LAHUG CEBU CITY		14A ZIP Code 6 0 0 0	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
Part III - Employer Information (Previous)			
16 TIN		17 Employer's Name	
18 Registered Address		18A ZIP Code	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		239,519.18	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		50,137.42	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		189,381.76	
22 Add: Taxable Compensation Income from Previous Employer, if applicable			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		189,381.76	
24 Tax Due			
25 Amount of Taxes Withheld		0.00	
25A Present Employer			
25B Previous Employer, if applicable			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		0.00	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)		189,381.76	
28 Holiday Pay (MWE)			
29 Overtime Pay (MWE)			
30 Night Shift Differential (MWE)			
31 Hazard Pay (MWE)			
32 13th Month Pay and Other Benefits (maximum of P90,000)		14,328.69	
33 De Minimis Benefits		25,618.00	
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		10,190.73	
35 Salaries and Other Forms of Compensation			
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		239,519.18	
B. TAXABLE COMPENSATION INCOME REGULAR			
37 Basic Salary		0.00	
38 Representation			
39 Transportation			
40 Cost of Living Allowance (COLA)			
41 Fixed Housing Allowance			
42 Others (specify)			
42A			
42B			
SUPPLEMENTARY			
43 Commission			
44 Profit Sharing			
45 Fees including Director's Fees			
46 Taxable 13th Month Benefits			
47 Hazard Pay			
48 Overtime Pay			
49 Others (specify)			
49A			
49B			
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)		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 (R.A. No. 10173) for legitimate and lawful purposes.

51 RIZA MESIONA
Present Employer/Authorized Agent Signature over Printed Name
Date Signed _____

CONFORME:
52 WOLFE, JUSTIN
Employee Signature over Printed Name
Date Signed _____ Amount paid, if CTC _____

CTC/Valid ID No. _____ Place of Issue _____
of Employee _____ Date Signed _____

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.

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

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.

54 WOLFE, JUSTIN
Employee Signature over Printed Name

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