



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) **2019**

2 For the Period From (MM/DD) **0101** To (MM/DD) **1231**

Part I - Employee Information

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

3 TIN **3171 - 5271 - 1051 - 000**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **CAPAROSO, MARY PRINCESS CHAVIT**

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

5 RDO Code **1231**

28 Holiday Pay (MWE)

6 Registered Address **6A ZIP Code **6000****

29 Overtime Pay (MWE)

6B Local Home Address **6C ZIP Code**

30 Night Shift Differential (MWE)

6D Foreign Address

31 Hazard Pay (MWE)

7 Date of Birth (MM/DD/YYYY)

32 13th Month Pay and Other Benefits (maximum of P90,000) **90,000.00**

8 Contact Number

33 De Minimis Benefits

9 Statutory Minimum Wage rate per day

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **12,956.52**

10 Statutory Minimum Wage rate per month

35 Salaries and Other Forms of Compensation

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

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **102,956.52**

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 TIN **2291 - 2171 - 2681 - 000**

37 Basic Salary **108,184.11**

13 Employer's Name **FIVE POWER VENTURE DEVELOPMENT CORPORATION**

38 Representation

14 Registered Address **COR. ARCHBISHOP REYES AVE. & ESCARIO ST. BRGY. CEBU CITY**

39 Transportation

15 Type of Employer Main Employer Secondary Employer

40 Cost of Living Allowance (COLA)

Part III - Employer Information (Previous)

41 Fixed Housing Allowance

16 TIN

42 Others (specify)

17 Employer's Name

42A **37,973.24**

18 Registered Address **18A ZIP Code**

42B

Part IVA - Summary

SUPPLEMENTARY

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **249,113.87**

43 Commission

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **102,956.52**

44 Profit Sharing

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **146,157.35**

45 Fees Including Director's Fees

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

46 Taxable 13th Month Benefits **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **146,157.35**

47 Hazard Pay

24 Tax Due **0.00**

48 Overtime Pay

25 Amount of Taxes Withheld **0.00**

49 Others (specify)

25A Present Employer **0.00**

49A

25B Previous Employer, if applicable **0.00**

49B

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

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **146,157.35**

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 **ANNABELLE C. GUEVARRA**
Present Employer/Authorized Agent Signature over Printed Name

Date Signed **02262020**

CONFORME: 52 **CAPAROSO, MARY PRINCESS CHAVIT**
Employee Signature over Printed Name

Date Signed **02262020**

CTC/Valid ID No. **10999484** Place of Issue **CEBU CITY**

Date Issued **01172020**

Amount paid, if CTC **135.00**

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.

53 **ANNABELLE C. GUEVARRA**
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

54 **CAPAROSO, MARY PRINCESS CHAVIT**
Employee Signature over Printed Name

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