

DLN:



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Compensation Payment/Tax Withheld

BIR Form No.  
**2316**

For Compensation Payment With or Without Tax Withheld

July 2008 (ENCS)

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)		To (MM/DD)	
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Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No.	▶ 721 942 045 0000	Amount	
4 Employee's Name (Last Name, First Name, Middle Name)	▶ PAJO, EIVAN MARIE	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code	▶ 081	32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
6 Registered Address	▶ CEBU CITY	33 Holiday Pay (MWE)	33
6A Zip Code	▶ 6000	34 Overtime Pay (MWE)	34
6B Local Home Address		35 Night Shift Differential (MWE)	35
6C Zip Code		36 Hazard Pay (MWE)	36
6D Foreign Address		37 13th Month Pay and Other Benefits	37 1,375.00
6E Zip Code		38 De Minimis Benefits	38
7 Date of Birth (MM/DD/YYYY)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 798.75
8 Telephone Number		40 Salaries & Other Forms of Compensation	40
9 Exemption Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	41 Total Non-Taxable/Exempt Compensation Income	41 2,173.75
9A Is the wife claiming the additional exemption for qualified dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. TAXABLE COMPENSATION INCOME REGULAR	
10 Name of Qualified Dependent Children		42 Basic Salary	42 25,885.60
11 Date of Birth (MM/DD/YYYY)		43 Representation	43
12 Statutory Minimum Wage rate per day	12	44 Transportation	44
13 Statutory Minimum Wage rate per month	13	45 Cost of Living Allowance	45
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		46 Fixed Housing Allowance	46

Part II Employer Information (Present)	
15 Taxpayer Identification No.	▶ 286 357 810 0000
16 Employer's Name	▶ RIPECONCEPTS, INC.
17 Registered Address	▶ Unit 1203 12th Flr. The Insular Life Cebu Business Center, C.C.
17A Zip Code	▶ 6000
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	

Part III Employer Information (Previous)	
18 Taxpayer Identification No.	
19 Employer's Name	▶ RIPECONCEPTS, INC.
20 Registered Address	▶ 12TH FLOOR, THE INSULAR LIFE BLDG., CEBU
20A Zip Code	▶ 6000

Part IV-A Summary	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 28,059.35
22 Less: Total Non-Taxable/Exempt (Item 41)	22 2,173.75
23 Taxable Compensation Income from Present Employer (Item 55)	23 25,885.60
24 Add: Taxable Compensation Income from Previous Employer	24 0.00
25 Gross Taxable Compensation Income	25 25,885.60
26 Less: Total Exemptions	26 0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27 0.00
28 Net Taxable Compensation Income	28 0.00
29 Tax Due	29 0.00
30 Amount of Taxes Withheld	
30A Present Employer	30A 0.00
30B Previous Employer	30B 0.00
31 Total Amount of Taxes Withheld As adjusted	31 0.00

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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.

56 Present Employer/ Authorized Agent Signature Over Printed Name  
 CONFORME: GEMMA JANE CONOL  
 Date Signed: \_\_\_\_\_

57 Employee Signature Over Printed Name  
 PAJO, EIVAN MARIE  
 Date Signed: \_\_\_\_\_  
 CTC No. \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
 of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_ Amount Paid \_\_\_\_\_

**To be accomplished under substituted filing**

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

58 Present Employer/ Authorized Agent Signature Over Printed Name  
 (Head of Accounting/ Human Resource or Authorized Representative)  
GEMMA JANE CONOL

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 Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 Employee Signature Over Printed Name  
PAJO, EIVAN MARIE