

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18/ENCS

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

1 For the Year (YYY)	2 0 2 0	2 For the Period From (MM/DD)	0 1 0 1	To (MM/DD)	0 7 2 5
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Part I - Employee Information

3 TIN: 3,47 6,17 2,25 0,0,0

4 Employee's Name (Last Name, First Name, Middle Name): **MAHINAY, MARY MARGARET**

5 RDO Code: **081**

6 Registered Address: _____

6A ZIP Code: _____

6B Local Home Address: _____

6C ZIP Code: _____

6D Foreign Address: _____

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

Part II - Employer Information (Present)

12 TIN: 4,31 8,85 8,35 0,0,0,0

13 Employer's Name: **DREAMSCAPE NETWORKS INC.**

14 Registered Address: **9TH, 10TH & 11TH FLOOR PHILAM LIFE CENTER CARDINAL ROSALES AVE CEBU BUSINESS PARK CEBU CITY**

14A ZIP Code: **6000**

15 Type of Employer: Main Employer 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 35 and 50)	141,611.57
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	141,611.57
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	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	0.00
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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	83,422.81
28 Holiday Pay (MWE)	
29 Overtime Pay (MWE)	
30	
31 Hazard Pay (MWE)	
32 13th Month Pay and Other Benefits (Maximum of P90,000)	30,869.84
33 De Minimis Benefits	21,868.92
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	5,450.00
35 Salaries and Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	141,611.57
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	
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 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 (R.A. No. 10173) for legitimate and lawful purposes.

51 JOLLYBEE DELROSARIO Present Employer/Authorized Agent Signature over Printed Name Date Signed 0 9 2 5 2 0 2 0

CONFORME:

52 MAHINAY, MARY MARGARET Employee Signature over Printed Name Date Signed _____

CTC/Valid ID No. _____ Place of Issue _____ Date Signed _____ Amount paid, if CTC _____

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 JOLLYBEE DELROSARIO 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 MAHINAY, MARY MARGARET Employee Signature over Printed Name

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