



BCS/
Item:

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 (YYYY) 2 10 12 10		2 For the Period From (MMDD) 0 1 0 0 To (MMDD) 1 10 1 19	
Part I - Employee Information			
3 TIN 7 19 5 0 18 1 2 17 4		4 RDO Code	
5 Employee's Name (Last Name, First Name, Middle Name) ALICO CHONA RONTED		6 Registered Address c/o Multi-Stores Corporation	
7 Date of Birth (MMDD/YYYY) 0 1 2 2 1 5 1 9 1 9 9		8 Statutory Minimum Wage rate per day	
9 Statutory Minimum Wage rate per month		10 Contact Number	
11 Local Home Address		12 Foreign Address	
13 Employer's Name Multi-Stores Corporation		14 Registered Address SM City Cebu, North Reclamation Area, Cebu	
15 Employer's TIN		16 Employer's Address	
17 Employer's Name		18 Gross Compensation Income from Present Employer (Sum of items 27 and 30)	
19 Employer's Address		19a Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 30)	
20 Taxable Compensation Income from Present Employer (From item 19 less item 20) (From item 30)		21 Add Taxable Compensation Income from Previous Employer, if applicable	
22 Gross Taxable Compensation Income (Sum of items 21 and 22)		23 Tax Due	
24 Amount of Taxes Withheld		25A Present Employer	
25B Previous Employer, if applicable		26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	
27 Basic Salary (including the exempt P250,000 & below of the Statutory Minimum Wage of the MWE)		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)	
33 De Minimis Benefits		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
35 Salaries and Other Forms of Compensation		36 Total Non-Taxable/Exempt Compensation Income (Sum of items 27 to 35)	
37 TAXABLE COMPENSATION INCOME REGULAR		38 Basic Salary	
39 Representation		40 Transportation	
41 Cost of Living Allowance (COLA)		42 Fixed Housing Allowance	
43 Others (specify)		44 Commission	
45 Profit Sharing		46 Fees including Director's Fees	
47 Taxable 13th Month Benefits		48 Hazard Pay	
49 Overtime Pay		50 Others (specify)	
51A Present Employer		51B Previous Employer	
52 Total Taxable Compensation Income (Sum of items 37 to 49B)		53 Date Signed	

I/We declare, under the penalty 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 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 <u>ALICO CHONA RONTED</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed
52 <u>ALICO CHONA RONTED</u> Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Place of Issue
Date Signed	Amount paid, if CTC