

BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2018 (ENCS)

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 2 0		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 9 1 9	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 3 3 5 5 9 3 7 1 6		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) VILLAMERO, JSHAZNE AIRA SERVIDOR		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) Amount: 0.00	
5 RDO Code 0 4 3		28 Holiday Pay (MWE) Amount: 0.00	
6 Registered Address _____		29 Overtime Pay (MWE) Amount: 0.00	
6A ZIP Code _____		30 Night Shift Differential (MWE) Amount: 0.00	
6B Local Home Address _____		31 Hazard Pay (MWE) Amount: 0.00	
6C ZIP Code _____		32 13th Month Pay and Other Benefits (maximum of P90,000) Amount: 15,840.47	
6D Foreign Address _____		33 De Minimis Benefits Amount: 0.00	
7 Date of Birth (MM/DD/YYYY) 0 2 1 0 1 9 9 9		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) Amount: 9,904.76	
8 Contact Number _____		35 Salaries and Other Forms of Compensation Amount: 9,011.16	
9 Statutory Minimum Wage rate per day 340.00		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) Amount: 34,756.39	
10 Statutory Minimum Wage rate per month _____		B. TAXABLE COMPENSATION INCOME REGULAR	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		37 Basic Salary Amount: 153,133.16	
Part II - Employer Information (Present)		38 Representation Amount: 0.00	
12 TIN 0 0 4 6 3 9 7 4 4 0 0 0		39 Transportation Amount: 0.00	
13 Employer's Name TELEPHILIPPINES, INC		40 Cost of Living Allowance (COLA) Amount: 0.00	
14 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City		41 Fixed Housing Allowance Amount: 0.00	
14A ZIP Code _____		42 Others (specify)	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42A _____ Amount: 0.00	
Part III - Employer Information (Previous)		42B _____ Amount: 0.00	
16 TIN _____		SUPPLEMENTARY	
17 Employer's Name _____		43 Commission Amount: 0.00	
18 Registered Address _____		44 Profit Sharing Amount: 0.00	
18A ZIP Code _____		45 Fees Including Director's Fees Amount: 0.00	
Part IVA - Summary		46 Taxable 13th Month Benefits Amount: 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) Amount: 207,459.90		47 Hazard Pay Amount: 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) Amount: 34,756.39		48 Overtime Pay Amount: 19,570.35	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) Amount: 172,703.51		49 Others (specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable Amount: 0.00		49A _____ Amount: 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) Amount: 172,703.51		49B _____ Amount: 0.00	
24 Tax Due Amount: 0.00		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) Amount: 172,703.51	
25 Amount of Taxes Withheld		_____	
25A Present Employer Amount: 0.00		_____	
25B Previous Employer, if applicable Amount: 0.00		_____	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) Amount: 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 <u>Joel F. Tubog</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	_____
CONFORME: 52 <u>JSHAZNE AIRA SERVIDOR VILLAMERO</u> Employee Signature over Printed Name	Date Signed	_____
CTC/Valid ID No. _____ Place of Issue _____	Date Signed	_____
		Amount paid, if CTC

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 <u>Joel F. Tubog</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 <u>JSHAZNE AIRA SERVIDOR VILLAMERO</u> Employee Signature over Printed Name

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