



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".

<p><b>1 For the Year (YYYY)</b> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="9"/></p> <p style="text-align: center;"><b>Part I - Employee Information</b></p> <p><b>3 TIN</b> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="9"/> - <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="7"/> - <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="9"/> -</p> <p><b>4 Employee's Name (Last Name, First Name, Middle Name)</b> <input type="text" value="Rojas, Christine Mae"/> <b>5 RDO Code</b> <input type="text"/></p> <p><b>6 Registered Address</b> <input type="text" value="38 Jose Maria Del Mar St., Upper Don Bosco"/> <b>6A ZIP Code</b> <input type="text" value="6000"/></p> <p><b>6B Local Home Address</b> <input type="text"/> <b>6C ZIP Code</b> <input type="text"/></p> <p><b>6D Foreign Address</b> <input type="text"/></p> <p><b>7 Date of Birth (MM/DD/YYYY)</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="6"/> <b>8 Contact Number</b> <input type="text"/></p> <p><b>9 Statutory Minimum Wage rate per day</b> <input type="text"/></p> <p><b>10 Statutory Minimum Wage rate per month</b> <input type="text"/></p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p style="text-align: center;"><b>Part II - Employer Information (Present)</b></p> <p><b>12 TIN</b> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> - <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="2"/> - <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="5"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p><b>13 Employer's Name</b> <input type="text" value="Plantation Bay Holdings Corporation"/></p> <p><b>14 Registered Address</b> <input type="text" value="Marigondon Lapu-lapu City"/> <b>14A ZIP Code</b> <input type="text" value="6015"/></p> <p><b>15 Type of Employer</b> <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p style="text-align: center;"><b>Part III - Employer Information (Previous)</b></p> <p><b>16 TIN</b> <input type="text"/></p> <p><b>17 Employer's Name</b> <input type="text"/></p> <p><b>18 Registered Address</b> <input type="text"/> <b>18A ZIP Code</b> <input type="text"/></p> <p style="text-align: center;"><b>Part IVA - Summary</b></p> <p><b>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)</b> <input type="text" value="64,777.61"/></p> <p><b>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36)</b> <input type="text" value="8,847.94"/></p> <p><b>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 50)</b> <input type="text" value="55,929.67"/></p> <p><b>22 Add: Taxable Compensation Income from Previous Employer, if applicable</b> <input type="text"/></p> <p><b>23 Gross Taxable Compensation Income (Sum of Items 21 and 22)</b> <input type="text" value="55,929.67"/></p> <p><b>24 Tax Due</b> <input type="text"/></p> <p><b>25 Amount of Taxes Withheld</b> <b>25A Present Employer</b> <input type="text"/> <b>25B Previous Employer, if applicable</b> <input type="text"/></p> <p><b>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</b> <input type="text"/></p>	<p><b>2 For the Period From (MMDD)</b> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <b>To (MMDD)</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="1"/></p> <p style="text-align: center;"><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td><b>27 Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE)</b></td><td><input type="text"/></td></tr> <tr><td><b>28 Holiday Pay (MWE)</b></td><td><input type="text"/></td></tr> <tr><td><b>29 Overtime Pay (MWE)</b></td><td><input type="text"/></td></tr> <tr><td><b>30 Night Shift Differential (MWE)</b></td><td><input type="text"/></td></tr> <tr><td><b>31 Hazard Pay (MWE)</b></td><td><input type="text"/></td></tr> <tr><td><b>32 13th Month Pay and Other Benefits (maximum of P50,000)</b></td><td><input type="text" value="5,020.00"/></td></tr> <tr><td><b>33 De Minimis Benefits</b></td><td><input type="text"/></td></tr> <tr><td><b>34 SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only)</b></td><td><input type="text" value="3,827.94"/></td></tr> <tr><td><b>35 Salaries and Other Forms of Compensation</b></td><td><input type="text"/></td></tr> <tr><td><b>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</b></td><td><input type="text" value="8,847.94"/></td></tr> <tr> <th style="text-align: left;">B. 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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.

<p><b>51</b> <u>AILEEN VELEZ</u> Present Employer/Authorized Agent Signature over Printed Name</p> <p><b>CONFORME:</b></p> <p><b>52</b> <u>CHRISTINE MAE ROJAS</u> Employee Signature over Printed Name</p> <p><b>CTC/Valid ID No of Employee</b> <input type="text" value="06102364"/> <b>Place of Issue</b> <input type="text" value="CERIL CITY"/></p>	<p><b>Date Signed</b> <input type="text" value="02072020"/></p> <p><b>Date Signed</b> <input type="text" value="02072020"/></p> <p><b>Date Signed</b> <input type="text" value="02072020"/> <b>Amount paid, if CTC</b> <input type="text"/></p>
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<p>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.</p> <p><b>53</b> <u>AILEEN VELEZ</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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.</p> <p><b>54</b> <u>CHRISTINE MAE ROJAS</u> Employee Signature over Printed Name</p>
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



*Republic of the Philippines*

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

03 August 2017

Member Name : **ROJAS , CHRISTINE MAE BELARMINO**  
Member Address : **APAS, CEBU CITY, CEBU 6000**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1202-5651-2861**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

WILLIAM O. CHAVEZ  
Regional Vice President  
PRO - VII Cebu City

*This is a system generated document, signature is not required*

