BIR Form No.

2316 January 2018 (ENCS)



Republic of the Philippines Department of Finance Bureau of Internal Revenue

Certificate of Compensation

Payment/Tax Withheld

| Fill in all applicable spaces. Mark all appropriate boxes with an "X". | | | | | • | | | | |
|--|---|--|--|--|-------------------------|------------|---|----------------------------|----------------------|
| 1 For the Year (YYYY) | | 2 For the Period From (MM/DD) | 1 | 1 | | 1M/DD) | | | |
| Part I - Employee Information | | Part IV-B Details of (| Compensati | on Income | | | om Prese | nt Employ | yer |
| 3 TIN 3, 2,4 - 6,2,6 - 8,6,2 - 0,0 | | A. NON-TAXABLE/EXEMP | PT COMPENS | SATION INCO | ОМЕ | | Amou | nt | |
| 4 Employee's Name (Last Name, First Name, Middle Name) | 5 RDO Code | 27 Basic Salary (including | the exempt F | 250,000 & t | oelow) | | | | |
| LATINA, JASON CEBU | | or the Statutory Minimu | im Wage of th | ne MWE | | | | | |
| 6 Registered Address | 6A ZIP Code | 28 Holiday Pay (MWE | E) | | | | | | |
| 27 SUNLIGHT DRIVE SUNNY HILLS TALAMBAN, CEBU CITY | 6 0 0 0 | 29 Overtime Pay (MW | /E) | | | | | | |
| | 6C ZIP Code | | , | | | [| | | |
| TAPUKO ROAD, PIT-OS, CEBU CITY 6 0 0 0 | | 30 Night Shift Differen | ntial (MWE) | | | | | | |
| 6D Foreign Address | | 31 Hazard Pay (MWE |) | | | | | | |
| | | 32 13th Month Pay an | | | | | | | |
| 7 Date of Birth (MM/DD/YYYY) 8 Contact Number 0 2 0 3 1 9 9 4 0 9 1 7 1 8 0 0 1 18 6 | | (maximum of P90,000 | 0) | | | | | | |
| | | 33 De Minimis Benefit | ts | | | | | | |
| 9 Statutory Minimum Wage rate per day | | 34 SSS, GSIS, PHIC and Union Dues (E | | | tions | | | | |
| 10 Statutory Minimum Wage rate per month | | | | | 4ia | | | | |
| 11 Minimum Wage Earner (MWE) whose compensation is exercised with adding tax and not subject to income tax | empt from | 35 Salaries and Other | | • | | | | | |
| withholding tax and not subject to income tax Part II - Employer Information (Present) | | 36 Total Non-Taxable/ Income (Sum of Iter | • | • | on | | | | |
| 12 TIN | | B. TAXABLE COMPENSAT | | E REGULAR | 1 | | | | |
| 13 Employer's Name | | | | | | | | | |
| | | 37 Basic Salary | | | | | | | |
| 14 Registered Address | 14A ZIP Code | 38 Representation | | | | | | | |
| | | 39 Transportation | | | | | | | |
| 15 Type of Employer Main Employer Secondary Employer | | | | | | | | |] |
| Part III - Employer Information (Previous) | | 40 Cost of Living Allow | wance (CO | LA) | | | | | |
| 16 TIN | | 41 Fixed Housing Allo | wance | | | | | | |
| 17 Employer's Name | | 42 Others (specify) | | | | | | | |
| | | | | | | | | | |
| | | 42A | | | | | | | |
| 18 Registered Address | 18A ZIP Code | 42A | | | | | | | |
| 18 Registered Address | 18A ZIP Code | | Y | | | | | | |
| Part IVA - Summary | 18A ZIP Code | 42B | Y | | | | | | |
| | 18A ZIP Code | 42B SUPPLEMENTAR 43 Commission | Y | | | | | | |
| Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation | 18A ZIP Code | 42B SUPPLEMENTAR | Y | | | | | | |
| Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) | 18A ZIP Code | 42B SUPPLEMENTAR 43 Commission | | S | | | | | |
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| Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 24 Tax Due 25 Amount of Taxes Withheld 25A Present Employer | made in good faith, or regulations issued under the stated are Bureau of | 42B SUPPLEMENTAR 43 Commission 44 Profit Sharing 45 Fees Including Dire 46 Taxable 13th Mont 47 Hazard Pay 48 Overtime Pay 49 Others (specify) 49A 49B 50 Total Taxable Com (sum of Items 37 to 4 verified by me/us, and to th inder authority thereof. Fur purposes. Date S Date S Date I Inder substituted filing I declare, under the pe (BIR Form No. 1700), since I for the calendar year; that tax | ector's Fee: h Benefits h Benefits pensation (9B) e best of my ther, I/we giv Signed Signed Signed Issued lssued enalties of perin received purely es have been of d by my employ | Income /our knowled re my/our co | Insent to t | he proces | An difiling of In memployer in due equals come tax re | y/our inform | d, if CTC |
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