

Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No.

2316

Certificate of Compensation Payment/Tax Withheld



January 2018 (ENCS)	For Compensation Payment W	ith 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) 1 2 3 1	
	Part I - Employee Information	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 2 0	3 - 6 5 0 - 9 9 2 - 0 0 0	A. NON-TAXABLE/EXEMPT COMPENSATION INCOM	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code		27 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE	0.00
ARQUIO, MARIANNE VALENZONA 8 1 1		28 Holiday Pay (MWE)	0.00
6 Registered Address 6A ZIP Code		29 Overtime Pay (MWE)	0.00
65-D St. Joseph St., Hipodromo65-D St. Joseph St., HipodromoCebu City 6 0 0 0		30 Night Shift Differential (MWE)	
6B Local Home Address 6C ZIP Code		31 Hazard Pay (MWE)	0.00
65-D St. Joseph St., Hipodromo65-D St. Joseph St., HipodromoCebu City 6 0 0 0 0			0.00
6D Foreign Address 6E ZIP Code		32 13th Month Pay and Other Benefits (maximum of P90,000)	19,808.33
7 Date of Birth (MM/DD/VVVV) 9 Talanhara Number		33 De Minimis Benefits	24,215.52
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,820.20
		35 Salaries and Other Forms of Compensation	2 222 24
9 Statutory Minimum Wage rate per day			9,000.00
10 Statutory Minimum Wage rate per month 0		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	65,844.05
11 Minimum Wage Earner (MWE) whose compensation is exempt from		B. TAXABLE COMPENSATION INCOME REGULAR	
withholding tax and not subject to income tax Part II - Employer Information (Present)		37 Basic Salary	163,713.18
12 TIN 0 0 0 9 - 7 3 1 5 - 0 3 1 3 - 0 0 0 0			
13 Employer's Name		38 Representation	0.00
AMAZON OPERATION SERVICES PHILIPPINES, INC		39 Transportation	0.00
14 Registered Address 14A ZIP Code		1	0.00
ROSALES CORNER SAMAR LOOP, CEBU 6 0 0 0		40 Cost of Living Allowance (COLA)	0.00
15 Type of Employer X Main Employer Secondary Employer		41 Fixed Housing Allowance	
Pa	art III - Employer Information (Previous)		0.00
16 TIN	, . , . , . , . , , .	42 Others (specify)	
17 Employer's Name		42A	0.00
		42B	0.00
18 Registered Address	18A ZIP Code	SUPPLEMENTARY	
		43 Commission	0.00
	Part IVA - Summary	4	5.50
19 Gross Compensation Income f Employer (Sum of Items 36 an		44 Profit Sharing	0.00
20 Less: Total Non-Taxable/Exem	npt Compensation 65 844 05	45 Fees Including Director's Fees	0.00
Income from Present Employe 21 Taxable Compensation Income	r (From Item 36)		5.50
Employer (Item 19 Less Item 2		46 Taxable 13th Month Pay Benefits	0.00
22 Add: Taxable Compensation In Previous Employer, if applicable		47 Hazard Pay	0.00
23 Gross Taxable Compensation	Income 176,027.31	48 Overtime Pay	
(Sum of Items 21 and 22) 24 Tax Due		40 Overaline Lay	12,314.13
	0.00	49 Others (specify)	
25 Amount of Taxes Withheld 25A Present Employer	0.00	49A	0.00
25B Previous Employer, if app	olicable 0.00	49B	0.00
26 Total Amount of Taxes Withhel	ld as adjusted 0.00	50 Total Taxable Compensation Income	470.007.04
(Sum of Items 25A and 25B)	0.00	(Sum of Items 37 to 49B)	176,027.31
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.			
/- Luxura			
	gladysneyru Gladys M. Reyes	Date Signed 0 1 2 6 2 0 2	1
Present Employer/ Authorized Agent Signature over Printed Name			
CONFORME:	Marin		
AR0 52	QUIO, MARIANNE VALENZONA	Date Signed 0 6 0 6 2 0 2	1
	Employee Signature over Printed Name		
CTC/Valid ID No.	Place of Cobu City	Data legued 2 2 2 2 2 2	Amount paid, if CTC
of Employee	05081026	Date Issued 0 9 0 2 2 0 1	9
To be accomplished under substituted filing I declare under the penalties of perjury that Lam qualified under substituted filing of Income Tay Return			
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 [BIR Form No. 1604-C which has been filed with the Bureau of the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that			ne from only one employer in the Philippines my employer (tax due equals tax withheld); that
Internal Revenue.	gladysneyes	the BIR Form No. 1604-C filed by my employer to the BIR shall c Form No. 2316 shall serve the same purpose as if BIR Form No.	onstitute as my income tax return; and that BIR
Gladys M. Reyes		of Revenue Regulations (RR) No. 3-2002, as amended.	
	uthorized Agent Signature over Printed Name		VALENZONA
(Head of Accounting/ H	luman Resource or Authorized Representative)	54Employee Signature over	Printed Name