



BIR Form No. **2316**  
January 2018 (ENCS)  
**Certificate of Compensation Payment/Tax Withheld**  
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) **2021** 2 For the Period From (MM/DD) **01 01** To (MM/DD) **09 18**

**Part I - Employee Information**

3 TIN **354 361 317 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **TAGSIP, ANNIE GUNESTO** 5 RDO Code **080**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

9 Statutory Minimum Wage rate per day **404.00**

10 Statutory Minimum Wage rate per month **12,288.33**

11  Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax.

**Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

	Amount
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)	<b>87,060.42</b>
28 Holiday Pay (MWE)	<b>0.00</b>
29 Overtime Pay (MWE)	<b>8,269.37</b>
30 Night Shift Differential (MWE)	<b>0.00</b>
31 Hazard Pay (MWE)	<b>0.00</b>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<b>22,548.45</b>
33 De Minimis Benefits	<b>12,789.96</b>
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	<b>7,981.42</b>
35 Salaries & Other Forms of Compensation	<b>0.00</b>
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	<b>138,649.62</b>

**Part II - Employer Information (Present)**

12 Taxpayer **006 929 710 0000**

13 Employer's Name **PHIL-UNION FROZEN FOODS INC.**

14 Registered Address **MEPZ 1 IBO LAPU-LAPU CITY CEBU** 14A Zip Code **6015**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

37 Basic Salary	<b>0.00</b>
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	<b>0.00</b>
42B	

**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

**SUPPLEMENTARY**

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits	<b>0.00</b>
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	<b>0.00</b>

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	<b>138,649.62</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	<b>138,649.62</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	<b>0.00</b>
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>0.00</b>
24 Tax Due	<b>0.00</b>
25 Amount of Taxes Withheld	
25A Present Employer	<b>0.00</b>
25B Previous Employer	<b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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 (RA No. 10173)" for legitimate and lawful purposes.

51 **MARUDINA VILLEGAS**  
Present Employer/ Authorized Agent Signature Over Printed Name  
Date Signed **01 20 20 22**

CONFORME: **ANNIE GUNESTO TAGSIP**

52 \_\_\_\_\_  
Employee Signature Over Printed Name  
Date Signed \_\_\_\_\_

CTC/Valid ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_  
Date of Issue \_\_\_\_\_ 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. 1604C which has been filed with the Bureau of Internal Revenue.

53 **MARUDINA VILLEGAS**  
Present Employer/ Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of income Tax Returns (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.

54 **ANNIE GUNESTO TAGSIP**  
Employee Signature Over Printed Name

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