

BIR Form No. 2316 January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld



For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxe	s with an "X".							
1 For the Year (YYYY) 2 0 2 0		2 For the Period From (MM/DD)	0 1 0 1		MM/DD)	1 2	3 1	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer						
2,6,2 - 3,5,2 - 1,8,7 -		A. NON-TAXABLE/EXEM 27 Basic Salary (including				Amount		
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Baluran, Rechelle Marie Narandan		or the Statutory Minimi		a below)			0.00	
6 Registered Address 6A ZIP Code		28 Holiday Pay (MWE	Ē)				0.00	
Nasipit. Talamban. Cebu City, Cebu City		29 Overtime Pay (MV	VE)				0.00	
6B Local Home Address 6C ZIP Code		30 Night Shift Differential (MWE)			0.00			
6D Foreign Address		31 Hazard Pay (MWE)			0.00			
7 Date of Birth (MM/DD/YYYY) 8 Contact Number		32 13th Month Pay and Other Benefits (maximum of P90,000)			36,029.10			
0 2 0 8 1 9 9 0		33 De Minimis Benefits			14,408.08			
9 Statutory Minimum Wage rate per day		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)			10,471.86			
10 Statutory Minimum Wage rate per month Minimum Wage Earner (MWE) whose compensation is exempt from		35 Salaries and Other Forms of Compensation			0.00			
withholding tax and not subject to income tax Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)			60,909.04			
12 TIN 2 3 5 - 3 9 2 - 1 3	B. TAXABLE COMPENSA	TION INCOME REGUL	AR					
13 Employer's Name Conduent Business Services Philippines, Inc.		37 Basic Salary				113,	698.77	
14 Registered Address 14A ZIP Code		38 Representation					0.00	
Complex, Pasay City		39 Transportation					0.00	
15 Type of Employer Main Employer Secondary Employer Part III - Employer Information (Previous)		40 Cost of Living Allo	wance (COLA)				0.00	
16 TIN		41 Fixed Housing Allo	wance				0.00	
17 Employer's Name		42 Others (specify)					005 50	
18 Registered Address 18A ZIP Code		42A		_	<u> </u>	2,	907.78	
		42B SUPPLEMENTAR	Y				0.00	
Part IVA - Summary 19 Gross Compensation Income from Present		43 Commission					0.00	
Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation	225,238.76	44 Profit Sharing					0.00	
Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present	60,909.04	45 Fees Including Dir	ector's Fees				0.00	
Employer (Item 19 Less Item 20) (From Item 50)	Employer (item 19 Less item 20) (From item 50)		46 Taxable 13th Month Benefits			0.00		
Previous Employer, if applicable		47 Hazard Pay			0.00			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	164,329.72	48 Overtime Pay				47	723.17	
24 Tax Due	0.00	49 Others (specify)				<u> </u>	723.17	
25 Amount of Taxes Withheld 25A Present Employer	0.00	49A					0.00	
25B Previous Employer, if applicable	0.00	49B					0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	50 Total Taxable Con (Sum of Items 37 to 4				164,	329.72	
I/We declare, under the penalties of perjury that this cer the provisions of the National Internal Revenue Code, as a	mended, and the regulations issued	under authority thereof. Fur						
as contemplated under the *Data Privacy Act of 2012 (R.A.	. No. 10173) for legitimate and lawful	purposes.						
R.S. m					7			
51 Roberto Apost Present Employer/Authorized Agent Signa	Date	Signed 0 1 1	9 2 (0 2 1				
CONFORME: 52 Baluran, Rechelle Mar:	Date	Signed I	, .	, .	٦			
Employee Signature over Pri	nted Name		- I			Amou	unt paid, if CTC	
CTC/Valid ID No. of Employee	Place of Issue		Signed					
I declare, under the penalties of perjury that the info	To be accomplished u ormation herein stated are		enalties of periury that I an	n qualified und	er substibuted	filing of Incom	ne Tax Return	
reported under RIP Form No. 1804-C which has been			received oursely companse			malauna in the	Dhilippings	

Internal Revenue.

Roberto Apostol

Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative) (BIR Form No. 1700), since I received purely compensation income from only one emproyer 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.

Beluran, Rechelle Marie Narandan Employee Signature over Printed Name