



BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



January 2018 (ENCS)

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) **2022** 2 For the Period From (MM/DD) **01 01** To (MM/DD) **02 15**

Part I - Employee Information

3 TIN **330 212 201 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **SABANAL, EDEN MAE** 5 RDO Code **081**

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 **10,537.67**

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

	Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)	11,742.43
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	1,365.63
33 De Minimis Benefits	4,500.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	790.00
35 Salaries & Other Forms of Compensation	
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	18,398.06

Part II - Employer Information (Present)

12 Taxpayer **481 665 152 0000**

13 Employer's Name **GLOBAL SPEECH ACADEMIC CENTER INC**

14 Registered Address **CROWN 7 IT BLDG POPE JOHN PAUL II AVE** 14A Zip Code **6000**

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	0.00
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	0.00
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	0.00
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	0.00

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	18,398.06
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	18,398.06
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

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 (R.A. No. 10173) for legitimate and lawful purposes.

51 RESTY LYN REPASO
Present Employer/ Authorized Agent Signature Over Printed Name Date Signed _____

CONFORME:

52 EDEN MAE SABANAL
Employee Signature Over Printed Name Date Signed _____

CTC/Valid ID No. of Employee _____ 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 RESTY LYN REPASO
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 EDEN MAE SABANAL
Employee Signature Over Printed Name

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