



BIR Form No.  
**2316**

January 2018 (EMCS)

**Certificate of Compensation  
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316.01-18EMCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<p><b>1</b> For the Year (YYYY) <b>2021</b></p> <p><b>3</b> TIN <b>362 - 500 - 499 - 0000</b></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>ROMERO, JOHN ONYX, N/A</b></p> <p><b>5</b> RDO Code <b>081</b></p> <p><b>6</b> Registered Address <b>PHASE 3 A CDEVIAS SUB. TISA CEBU CITY</b></p> <p><b>6A</b> ZIP Code <b>6000</b></p> <p><b>6B</b> Local Home Address</p> <p><b>6C</b> ZIP Code</p> <p><b>6D</b> Foreign Address</p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>06 21 1998</b></p> <p><b>8</b> Contact Number</p> <p><b>9</b> Statutory Minimum Wage rate per day</p> <p><b>10</b> Statutory Minimum Wage rate per month</p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>12</b> TIN <b>009 - 408 - 015 - 00000</b></p> <p><b>13</b> Employer's Name <b>GREAT LEARNINGS AND TECHNOLOGIES GLATS CEBU</b></p> <p><b>14</b> Registered Address <b>UNIT 705 FLS CORPORATE CENTER BONOL AVE CEBU BUSINESS PARK BARRIO LUZ CEBU CITY CEBU</b></p> <p><b>14A</b> ZIP Code <b>6000</b></p> <p><b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>16</b> TIN</p> <p><b>17</b> Employer's Name</p> <p><b>18</b> Registered Address</p> <p><b>18A</b> ZIP Code</p> <p><b>19</b> Gross Compensation Income from Present Employer (Sum of items 27 and 50) <b>196,889.34</b></p> <p><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 26) <b>196,889.34</b></p> <p><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 8C) <b>0.00</b></p> <p><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b></p> <p><b>23</b> Gross Taxable Compensation Income (Sum of items 21 and 22) <b>0.00</b></p> <p><b>24</b> Tax Due <b>0.00</b></p> <p><b>25</b> Amount of Taxes Withheld</p> <p><b>25A</b> Present Employer <b>0.00</b></p> <p><b>25B</b> Previous Employer, if applicable <b>0.00</b></p> <p><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <b>0.00</b></p>	<p><b>2</b> For the Period From (MM/DD) <b>01 01</b> To (MM/DD) <b>12 31</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount:</p> <p><b>27</b> Basic Salary (including the exempt P250,000 5 below) or the Statutory Minimum Wage of the MWE <b>125,416.45</b></p> <p><b>28</b> Holiday Pay (MWE)</p> <p><b>29</b> Overtime Pay (MWE)</p> <p><b>30</b> Night Shift Differential (MWE)</p> <p><b>31</b> Hazard Pay (MWE)</p> <p><b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>59,389.17</b></p> <p><b>33</b> De Minimis Benefits <b>0.00</b></p> <p><b>34</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <b>8,782.68</b></p> <p><b>35</b> Salaries and Other Forms of Compensation <b>3,301.05</b></p> <p><b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of items 27 to 35) <b>196,889.34</b></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>37</b> Basic Salary <b>0.00</b></p> <p><b>38</b> Representation</p> <p><b>39</b> Transportation</p> <p><b>40</b> Cost of Living Allowance (COLA)</p> <p><b>41</b> Fixed Housing Allowance</p> <p><b>42</b> Others (specify)</p> <p><b>42A</b> <b>0.00</b></p> <p><b>42B</b></p> <p><b>SUPPLEMENTARY</b></p> <p><b>43</b> Commission</p> <p><b>44</b> Profit Sharing</p> <p><b>45</b> Fees Including Director's Fees</p> <p><b>46</b> Taxable 13th Month Benefits <b>0.00</b></p> <p><b>47</b> Hazard Pay</p> <p><b>48</b> Overtime Pay</p> <p><b>49</b> Others (specify)</p> <p><b>49A</b></p> <p><b>49B</b></p> <p><b>50</b> Total Taxable Compensation Income (Sum of items 37 to 49B) <b>0.00</b></p>
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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" (RA No. 10173) for legitimate and lawful purposes.

**51** **RYOHEI JIN** Date Signed \_\_\_\_\_  
Present Employer/Authorized Agent: Signature over Printed Name

**52** **JOHN ONYX N/A ROMERO** Date Signed \_\_\_\_\_  
Employee Signature over Printed Name

OTC/Valid ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_  
of Employee

Amount paid, if OTC \_\_\_\_\_

**To be accomplished under substituted filing**

**53** **RYOHEI JIN**  
Present Employer/Authorized Agent: Signature over Printed Name  
(Head of Accounting/Human Resource or Authorized Representative)

**54** **JOHN ONYX N/A ROMERO**  
Employee Signature over Printed Name

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