



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) 2022		2 For the Period From (MM/DD) <input type="text"/> To (MM/DD) <input type="text"/>	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 359-179-398-00000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) Mata, Krishna Casandra Lofranco		5 RDO Code <input type="text"/>	
6 Registered Address Calero, Liloan, Cebu		6A ZIP Code 6002	
6B Local Home Address Calero, Liloan, Cebu		6C ZIP Code 6002	
6D Foreign Address <input type="text"/>		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <input type="text"/>	
7 Date of Birth (MM/DD/YYYY) 01/22/00		28 Holiday Pay (MWE) <input type="text"/>	
8 Contact Number 09454306786		29 Overtime Pay (MWE) <input type="text"/>	
9 Statutory Minimum Wage rate per day <input type="text"/>		30 Night Shift Differential (MWE) <input type="text"/>	
10 Statutory Minimum Wage rate per month <input type="text"/>		31 Hazard Pay (MWE) <input type="text"/>	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		32 13th Month Pay and Other Benefits (maximum of P90,000) <input type="text"/>	
Part II - Employer Information (Present)		33 De Minimis Benefits <input type="text"/>	
12 TIN 359-179-398-		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <input type="text"/>	
13 Employer's Name IPloy, inc		35 Salaries and Other Forms of Compensation <input type="text"/>	
14 Registered Address 16th Fl. One Montage, CBP, Cebu		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <input type="text"/>	
14A ZIP Code 6000		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Basic Salary <input type="text"/>	
Part III - Employer Information (Previous)		38 Representation <input type="text"/>	
16 TIN 359-179-398-		39 Transportation <input type="text"/>	
17 Employer's Name Firstsource Solutions Limited		40 Cost of Living Allowance (COLA) <input type="text"/>	
18 Registered Address 3rd Fl. Skyrise 1, IT Park, Apas		41 Fixed Housing Allowance <input type="text"/>	
18A ZIP Code 6000		42 Others (specify)	
Part IVA - Summary		42A <input type="text"/>	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <input type="text"/>		42B <input type="text"/>	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <input type="text"/>		SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <input type="text"/>		43 Commission <input type="text"/>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text"/>		44 Profit Sharing <input type="text"/>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text"/>		45 Fees Including Director's Fees <input type="text"/>	
24 Tax Due <input type="text"/>		46 Taxable 13th Month Benefits <input type="text"/>	
25 Amount of Taxes Withheld		47 Hazard Pay <input type="text"/>	
25A Present Employer <input type="text"/>		48 Overtime Pay <input type="text"/>	
25B Previous Employer, if applicable <input type="text"/>		49 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text"/>		49A <input type="text"/>	
		49B <input type="text"/>	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <input type="text"/>	

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.

51 Present Employer/Authorized Agent Signature over Printed Name	Date Signed <input type="text"/>
CONFORME: 52 KRISHA CASANDRA MATA Employee Signature over Printed Name	Date Signed 05/11/2022
CTC/Valid ID No. of Employee <input type="text"/>	Place of Issue <input type="text"/>
	Date Issued <input type="text"/>
	Amount paid, if CTC <input type="text"/>

To be accomplished under substituted filing

53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	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 Internal Revenue.
54 KRISHA CASANDRA MATA Employee Signature over Printed Name	I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (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.

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