



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 boxes with an "X".

1 For the Year (YYYY)	2022	2 For the Period From (MM/DD)	01/01	To (MM/DD)	02/28
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Part I - Employee Information	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
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3 TIN	400-953-216	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount
4 Employee's Name (Last Name, First Name, Middle Name)	5 RDO Code	27 Basic Salary (including the except P250,000 & below or the Statutory Minimum Wage of the MWE)		21,159.39
6 Registered Address	6A ZIP Code	28 Holiday Pay (MWE)		0.00
6B Local Home Address	6C ZIP Code	29 Overtime Pay (MWE)		0.00
6D Foreign Address		30 Night Shift Differential (MWE)		0.00
7 Date of Birth (MM/DD/YYYY)	8 Contact Number	31 Hazard Pay (MWE)		0.00
01/25/1981		32 13th Month Pay and Other Benefits (maximum of P90,000)		57,597.60
9 Statutory Minimum Wage rate per day	455.81	33 De Minimis Benefits		21,580.59
10 Statutory Minimum Wage rate per month	5,469.70	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		10,164.59
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries and Other Forms of Compensation		0.00

Part II - Employer Information (Present)	B. TAXABLE COMPENSATION INCOME REGULAR
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12 TIN	242049924	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		110,502.17
13 Employer's Name	14 Registered Address	14A ZIP Code	B. TAXABLE COMPENSATION INCOME REGULAR	
1AND1 IONOS PHILIPPINES INC	15TH AND 16TH R 13 BUILDING IT PARK LAHUG	6000	37 Basic Salary	93,547.09
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			38 Representation	0.00

Part III - Employer Information (Previous)	SUPPLEMENTARY
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16 TIN		40 Cost of Living Allowance (COLA)		0.00
17 Employer's Name		41 Fixed Housing Allowance		0.00
18 Registered Address	18A ZIP Code	42 Others (specify)		
		42A REST DAY /HOLIDAY PREMIUM		5,218.21
		42B NIGHT DIFFERENTIAL		9,997.05

Part IVA - Summary	43 Commission
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19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	229,468.22	44 Profit Sharing		0.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	110,502.17	45 Fees Including Director's Fees		0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	118,966.05	46 Taxable 13th Month Benefits		1,700.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Hazard Pay		0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	118,966.05	48 Overtime Pay		8,503.70
24 Tax Due	0.00	49 Others (specify)		
25 Amount of Taxes Withheld	0.00	49A		0.00
25A Present Employer	0.00	49B		0.00
25B Previous Employer, if applicable	0.00	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)		118,966.05
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 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 ANA JUANITA DELLOSA Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
52 JOAN ACARIAL Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee	Place of Issue	Date Signed

To be accomplished under substituted filing

<p>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.</p> <p>53 ANA JUANITA DELLOSA Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I receive 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.</p> <p>54 JOAN ACARIAL Employee Signature over Printed Name</p>
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* NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)