



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) 2021	2 For the Period From (MM/DD) 01 01 To (MM/DD) 04 19
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Part I - Employee Information

3 TIN: **235 913 005 0000**

4 Employee's Name (Last Name, First Name, Middle Name): **Allanic, Emmanuel Jay Gonesto**

5 RDO Code: **044**

6 Registered Address: **101-H Katipunan St. Labangon Cebu City**

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: **0.00**

10 Statutory Minimum Wage rate per month: **0.00**

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
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE Holiday Pay (MWE))	-
28 Overtime Pay (MWE)	-
29 Night Shift Differential (MWE)	-
30 Hazard Pay (MWE)	-
31 13th Month Pay and Other Benefits (maximum of P90,000)	7,104.65
32 De Minimis Benefits	11,965.12
33 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	5,955.00
34 Salaries & Other Forms of Compensation	-
35 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	25,024.77

Part II - Employer Information (Present)

12 Taxpayer: **007 930 327 0000**

13 Employer's Name: **KMC MAG SOLUTIONS, INC**

14 Registered Address: **20F PICADILLY STAR BLDG. 4TH AVENUE BONIFACIO GLOBAL CITY TAGUIG**

14A Zip Code: **1634**

15 Type of Employer: Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	79,059.53
38 Representation	-
39 Transportation	-
40 Cost of Living Allowance (COLA)	-
41 Fixed Housing Allowance	-
42 Others (Specify)	-
42A	5,231.17
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	-
47 Hazard Pay	-
48 Overtime Pay	-
49 Others (Specify)	-
49A	-
49B	-

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	109,315.48
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	25,024.77
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	84,290.70
22 Add: Taxable Compensation Income from Previous Employer, if applicable	-
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	84,290.70
24 Tax Due	-
25 Amount of Taxes Withheld	-
25A Present Employer	-
25B Previous Employer	-
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	-

50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	84,290.70
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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 **LEONARD CASTILLO MANGLALLAN**
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed: _____

CONFORME:

52 **Emmanuel Jay Gonesto Allanic**
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

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. 1604C which has been filed with the Bureau of Internal Revenue.

54 _____
Employee Signature Over Printed Name

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.

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