



BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



2316 01/18ENCS

January 2018 (ENCS)

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) **2021**

2 For the Period From (MM/DD) **08 25** To (MM/DD) **12 31**

Part I - Employee Information

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

3 TIN **354 280 606 0000**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **BANLAYGAS, MARJORIE M** 5 RDO Code **081**

27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) **39,782.35**

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 6E Zip Code

30 Night Shift Differential (MWE) **0.00**

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

31 Hazard Pay (MWE) **0.00**

9 Statutory Minimum Wage rate per day **0.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **6,531.94**

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

33 De Minimis Benefits **37,209.10**

11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) **2,194.50**

35 Salaries & Other Forms of Compensation **0.00**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **85,717.89**

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 Taxpayer **009 518 937 0000**

13 Employer's Name **FULLSPEED TECHNOLOGIES INC.**

37 Basic Salary **0.00**

14 Registered Address **UNIT 1 & 2 9F HM TOWER W. GEONZON ST. CEBU** 14A Zip Code **6000**

38 Representation

15 Type of Employer Main Employer Secondary Employer

39 Transportation

Part III - Employer Information (Previous)

40 Cost of Living Allowance (COLA)

16 TIN

41 Fixed Housing Allowance

17 Employer's Name

42 Others (Specify)

18 Registered Address 18A Zip Code

42A **9,691.83**

42B

Part IVA - Summary

SUPPLEMENTARY

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **95,409.72**

43 Commission

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **85,717.89**

44 Profit Sharing

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **9,691.83**

45 Fees Including Director's Fees

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

46 Taxable 13th Month Pay Benefits **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **9,691.83**

47 Hazard Pay

24 Tax Due **0.00**

48 Overtime Pay

25 Amount of Taxes Withheld **25A Present Employer 0.00**

49 Others (Specify)

25B Previous Employer 0.00

49A

49B

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

50 Total Taxable Compensation Income (Sum of Items 37 and 49B) **9,691.83**

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 SEISHI ABE
Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed _____

CONFORME:
52 MARJORIE M BANLAYGAS
Employee Signature Over Printed Name
Date Signed _____

CTC/Valid ID No. 0012-2021 Place of Issue _____
Date of Issue _____ Amount Paid, if CTC _____

53 SEISHI ABE
Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

54 MARJORIE M BANLAYGAS
Employee Signature Over Printed Name

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.

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)