



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) **2023** 2 For the Period From (MM/XX) **01 01** To (MM/XX) **12 31**

Part I - Employee Information

3 TIN **229 954 124 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **TRIPULCA, RONNEL DARIA** 5 RDO Code **042**

6 Registered Address 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 II - Employer Information (Present)

12 Taxpayer **007 360 968 0000**

13 Employer's Name **TELSTAR INDUSTRIES INC**

14 Registered Address 14A Zip Code **606 UNIT 2-B GEN. DE JESUS STREET BRGY. LITTLE 1500**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	237,204.81	43 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	38,521.36	44 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	0.00	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)	0.00	47 Hazard Pay	
24 Tax Due	0.00	48 Overtime Pay	
25 Amount of Taxes Withheld		49 Others (Specify)	
25A Present Employer	0.00	49A	
25B Previous Employer	0.00	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)	0.00

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 **JEFFERSON L CHAM**
Present Employer/Authorized Agent Signature Over Printed Name Date Signed

52 **RONNEL DARIA TRIPULCA**
Employee Signature Over Printed Name Date Signed Amount Paid, if CTC

CTC/Valid ID No. of Employer Place of Issue Date of Issue

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.

53 **JEFFERSON L CHAM**
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resources/ Authorized Representative)

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.

54 **RONNEL DARIA TRIPULCA**
Employee Signature Over Printed Name

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