



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) <b>2022</b>	2 For the Period From (MM/DD) <b>01 01</b>
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<b>Part I - Employee Information</b>	<b>Part IV-B Details of Compensation Income and Tax With</b>
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3 TIN		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>PERIODECO, LARRY P</b>		5 RDO Code <b>103</b>	
6 Registered Address <b>ZONE 9 BAGONG SILANG, ILIGAN CITY</b>		6A Zip Code <b>9200</b>	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) <b>12 15 1984</b>		8 Telephone Number	
9 Statutory Minimum Wage rate per day <b>569.23</b>		27 Basic Salary(including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)	
10 Statutory Minimum Wage rate per month <b>14,800.00</b>		28 Holiday Pay (MWE)	
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		29 Overtime Pay (MWE)	
		30 Night Shift Differential (MWE)	
		31 Hazard Pay (MWE)	
		32 13th Month Pay and Other Benefits (maximum of P90,000)	
		33 De Minimis Benefits	
		34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	
		35 Salaries & Other Forms of Compensation	
		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	

<b>Part II - Employer Information (Present)</b>	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>
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12 Taxpayer <b>464 276 115 0000</b>		<b>37 Basic Salary</b>	
13 Employer's Name <b>PIPRIME CORPORATION</b>		<b>38 Representation</b>	
14 Registered Address <b>UCC WAREHOUSE SUATAN AMBAGO BUTUAN</b>		14A Zip Code <b>8600</b>	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		<b>39 Transportation</b>	
		<b>40 Cost of Living Allowance (COLA)</b>	

<b>Part III - Employer Information (Previous)</b>	<b>41 Fixed Housing Allowance</b>
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16 TIN		<b>42 Others (Specify)</b>	
17 Employer's Name		42A	
18 Registered Address		42B	
18A Zip Code			

<b>Part IVA - Summary</b>	<b>SUPPLEMENTARY</b>
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19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>197,481.54</b>		<b>43 Commission</b>	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>197,481.54</b>		<b>44 Profit Sharing</b>	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>0.00</b>		<b>45 Fees Including Director's Fees</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		<b>46 Taxable 13th Month Pay Benefits</b>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>0.00</b>		<b>47 Hazard Pay</b>	
24 Tax Due <b>0.00</b>		<b>48 Overtime Pay</b>	

<b>25</b> Amount of Taxes Withheld		<b>0.00</b>	<b>49</b> Others (Specify)	
<b>25A</b> Present Employer		<b>0.00</b>	<b>49A</b>	
<b>25B</b> Previous Employer		<b>0.00</b>	<b>49B</b>	
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		<b>0.00</b>	<b>50</b> Total Taxable Compensation Income (Sum of Items 37 and 49B)	

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, 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 p as contemplated under the \*Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

**51**

*Lodemila U. Pineda*  
**LODEMILA U. PINEDA**

Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

**CONFORME:**

**LARRY P PERIODECO**

**52**

Employee Signature Over Printed Name

Date Signed

CTC/Valid ID N  
of Employee

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**

*Lodemila U. Pineda*  
**LODEMILA U. PINEDA**

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

I declare, under the penalties of perjury that I am qualified under s Income Tax Returns(BIR Form No. 1700), since I received purely c from only one employer in the Philippines for the calendar yea correctly withheld by my employer (tax due equals tax withheld); th No. 1604-C filed by my employer to the BIR shall constitute as my and that BIR Form No. 2316 shall serve the same purpose as if BIR has been filed pursuant to the provisions of Revenue Regulations (

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**LARRY P PERIODECO**

Employee Signature Over Printed N

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



2316 01/18ENCS

To (MM/DD)

12 31

held from Present Employer

IE	Amount
	177,800.00
	161.54
	0.00
	0.00
	0.00
	12,800.00
	0.00
	6,720.00
	0.00
	197,481.54
	0.00
	0.00
	0.00

**197,481.54**

is true and correct pursuant to  
processing of my/our information

Amount Paid, if CTC

substituted filing of  
compensation income  
; that taxes have been  
at the BIR Form  
/ income tax return;  
R Form No. 1700  
(RR) No. 3-2002, as amended.

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