

BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21/ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)	2023	2 For the Period From (MMDD)		To (MMDD)	1 2 3 1
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Part I - Employee Information		Part I-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN	307 - 058 - 593 - 0,0,0,0,0	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name)	MINA, BONIFACIO PAGALING	5 RDO Code	1, 1, 6
6 Registered Address	BLK 17 LOT 3, DREAM HOMES SUBD. GEN. TRIAS	6A ZIP Code	
6B Local Home Address	PACAC, GUIMBA, NUEVA ECUA	6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MMDD/YYYY)	11 30 1980	8 Contact Number	
9 Statutory Minimum Wage rate per day		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
10 Statutory Minimum Wage rate per month		30 Holiday Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax.		31 Overtime Pay (MWE)	
Part II - Employer Information (Present)		32 Night Shift Differential (MWE)	
12 TIN	004 - 114 - 798 - 0,0,0,0,0	33 Hazard Pay (MWE)	
13 Employer's Name	WU KONG SINGAPORE PTE. LTD.	34 13th Month Pay and Other Benefits (maximum of P90,000)	64,506.00
14 Registered Address	B25 A&B PHASE IV EXPANSION AREA CEPZA ROSARIO	35 De Minimis Benefits	29,066.52
14A ZIP Code	411 016	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee's share only)	22,235.68
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Salaries and Other Forms of Compensation	
Part III - Employer Information (Previous)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	115,808.20
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR	
17 Employer's Name		39 Basic Salary	241,784.32
18 Registered Address		40 Representation	
18A ZIP Code		41 Transportation	
Part IV A - Summary		42 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	557,522.64	43 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	115,808.20	44 Others (specify)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 32)	441,714.44	44A	199,930.12
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	44B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	441,714.44	SUPPLEMENTARY	
24 Tax Due	30,842.89	45 Commission	
25 Amount of Taxes Withheld		46 Profit Sharing	
25A Present Employer	30,842.89	47 Fees Including Director's Fees	
25B Previous Employer, if applicable	0.00	48 Taxable 13th Month Benefits	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	30,842.89	49 Hazard Pay	
27 5% Tax Credit (PERA Act of 2008)		50 Overtime Pay	
28 Total Taxes Withheld (Sum of Items 26 and 27)	30,842.89	51 Others (specify)	
		51A	
		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	441,714.44

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

53 <u>MR. YOSHIHITO HAKAMATA</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed 012 28 2024
54 <u>BONIFACIO PAGALING MINA</u> Employee Signature over Printed Name	Date Signed 02 28 2024
CTC/Valid ID No. of Employee N03-11-015665	Place of Issue NAIC
Date Issued	

To be accomplished under substituted filing	
I declare, under the penalties of perjury that the information here is stated and reported under BIR Form No. 1604-C 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 Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines, both calendar year, but 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.
55 <u>MR. YOSHIHITO HAKAMATA</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	56 <u>BONIFACIO PAGALING MINA</u> Employee Signature over Printed Name

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