



BIR Form No.
2316
September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the year (YYYY) 2 0 2 3		2 For the Period From (MM/DD) 0 3 2 7 To (MM/DD) 1 2 3 1	
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 TIN 7 7 5 - 9 1 9 - 0 8 5 - 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
4 Employee's Name (Last Name, First Name, Middle Name) Claveria, Marieglenn, Fernandez		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00	
5 RDO Code 0 6 5		30 Holiday Pay (MWE) 0.00	
6 Registered Address Brgy Triangulo Bulala St.		31 Overtime Pay (MWE) 0.00	
6A Zip Code 4 4 0 0		32 Night Shift Differential (MWE) 0.00	
6B Local Home Address		33 Hazard Pay (MWE) 0.00	
6C Zip Code		34 13th Month Pay and Other Benefits (maximum of P90,000) 14,982.50	
6D Foreign Address		35 De Minimis Benefits 19,586.96	
7 Date of Birth (MM/DD/YYYY) 0 7 1 7 1 9 9 9		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 14,947.50	
8 Contact Number		37 Salaries and Other Forms of Compensation 0.00	
9 Statutory Minimum Wage rate per day		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 49,516.96	
10 Statutory Minimum Wage rate per month		B. TAXABLE COMPENSATION INCOME REGULAR	
11 <input type="checkbox"/> Minimum Wage Earner(MWE) whose compensation is exempt from withholding tax and not subject to income tax		39 Basic Salary 164,791.63	
Part II - Employer Information (Present)		40 Representation 0.00	
12 TIN 0 0 0 - 1 5 5 - 7 8 3 - 0 0 0		41 Transportation 0.00	
13 Employer's Name IBM BUSINESS SERVICES		42 Cost of Living Allowance (COLA) 0.00	
14 Registered Address 7F-9F 1800 Bldg, Eastwood City, Cyberpark, Brgy. Bagumbayan		43 Fixed Housing Allowance 0.00	
14A Zip Code 1 1 1 0		44 Others (Specify)	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		44A 0.00	
Part III - Employer Information (Previous)		44B 0.00	
16 TIN		SUPPLEMENTARY	
17 Employer's Name		45 Commission 0.00	
18 Registered Address		46 Profit Sharing 0.00	
18A Zip Code		47 Fees Including Director's Fees 0.00	
Part IVA - Summary		48 Taxable 13th Month Benefits 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 264,424.71		49 Hazard Pay 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 49,516.96		50 Overtime Pay 46,661.35	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 214,907.75		51 Others (Specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		51A 3,454.77	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 214,907.75		51B 0.00	
24 Tax Due 0.00		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 214,907.75	
25 Amount of Taxes Withheld			
25A Present Employer 0.00			
25B Previous Employer, if applicable 0.00			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00			
27 5% Tax Credit (PERA Act of 2008) 0.00			
28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00			

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

53 YANNIE R MOLINA Present Employer/ Authorized Agent Signature over Printed Name		Date Signed	1 2 3 1 2 0 2 3
CONFORME: 54 Claveria, Marieglenn, Fernandez Employee Signature over Printed Name		Date Signed	0 1 3 1 2 0 2 4
CTC/Valid ID No. 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. 1604-C which has been filed with the Bureau of Internal Revenue. 55 YANNIE R MOLINA 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 substituted filing of Income Tax Return(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 had been filed pursuant to the provision of Revenue Regulations (RR) No. 3-2002, as amended. 56 Claveria, Marieglenn, Fernandez Employee Signature over Printed Name	
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)