



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21ENCS

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

<b>1</b> For the Year (YYYY)	<b>2023</b>	<b>2</b> For the Period From (MM/DD)	01/01	<b>To (MM/DD)</b>	12/31/2023
<b>Part I - Employee Information</b>			<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>		
<b>3</b> TIN	363 - 106 - 855 - 000	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>			
<b>4</b> Employee's Name (Last Name, First Name, Middle Name)		<b>5</b> RDO Code		Amount	
Cajocson, Quennie C.		032		<b>29</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
<b>6</b> Registered Address		<b>6A</b> ZIP Code		<b>30</b> Holiday Pay (MWE)	0.00
X		1001		<b>31</b> Overtime Pay (MWE)	0.00
<b>6B</b> Local Home Address		<b>6C</b> ZIP Code		<b>32</b> Night Shift Differential (MWE)	0.00
Block 4, Lot 12, Sec 2, Phase 1, Pabahay 2000, Barangay Muzon San Jose Del Monte City of Bulacan		3023		<b>33</b> Hazard Pay (MWE)	0.00
<b>6D</b> Foreign Address		X		<b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000)	28,980.00
<b>7</b> Date of Birth (MM/DD/YYYY)	04/28/1998	<b>8</b> Contact Number	09358500195		
<b>9</b> Statutory Minimum Wage rate per day		X			
<b>10</b> Statutory Minimum Wage rate per month		X			
<b>11</b>	Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				
X					
<b>Part II - Employer Information (Present)</b>					
<b>12</b> TIN	000 - 504 - 612 - 000	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>			
<b>13</b> Employer's Name		<b>39</b> Basic Salary		236,182.00	
National Teachers College		<b>30</b> Representation		0.00	
<b>14</b> Registered Address		<b>41</b> Transportation		0.00	
629 J. Nepomuceno St. Brgy 388 Quiapo Manila		<b>42</b> Cost of Living Allowance (COLA)		0.00	
<b>15</b> Type of Employer		<b>43</b> Fixed Housing Allowance		0.00	
X Main Employer		<b>44</b> Others (specify)			
		<b>44A</b> OTHER INCOME		0.00	
		<b>44B</b>		0.00	
<b>Part III - Employer Information (Previous)</b>					
<b>16</b> TIN	X - X - X - X	<b>SUPPLEMENTARY</b>			
<b>17</b> Employer's Name		<b>45</b> Commission		0.00	
X		<b>46</b> Profit Sharing		0.00	
<b>18</b> Registered Address		<b>47</b> Fees Including Director's Fees		0.00	
X		<b>48</b> Taxable 13th Month Benefits		0.00	
		<b>49</b> Hazard Pay		0.00	
		<b>50</b> Overtime Pay		0.00	
		<b>51</b> Others (specify)			
		<b>51A</b> TAXABLE VACATION LEAVE		0.00	
		<b>51B</b>		0.00	
		<b>52</b> Total Taxable Compensation Income		236,182.00	
		(Sum of Items 37 to 49B)			
<b>Part IVA - Summary</b>					
<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	282,380.00				
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	46,198.00				
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	236,182.00				
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	0.00				
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	236,182.00				
<b>24</b> Tax Due	0.00				
<b>25</b> Amount of Taxes Withheld					
<b>25A</b> Present Employer		0.00			
<b>25B</b> Previous Employer, if applicable		0.00			
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00				
<b>27</b> 5% Tax Credit (PERA Act of 2008)	0.00				
<b>28</b> 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.

<b>51</b>	ANGELA D. RODRIGUEZ Present Employer/Authorized Agent Signature over Printed Name	Date Signed			
<b>CONFORME:</b>					
<b>52</b>	Cajocson, Quennie C. Employee Signature over Printed Name	Date Signed			
<b>CTC/Valid ID No. of Employee</b>				Amount paid, if CTC	
	Place of Issue	Date Signed			

**To be accomplished under substituted filing**

<p>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.</p> <p><b>53</b> ANGELA D. RODRIGUEZ Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-98, as amended.</p> <p><b>54</b> Cajocson, Quennie C. Employee Signature over Printed Name</p>
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)