



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



2316 9/21ENCS

September 2021 (ENCS)

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

1 For the year (YYYY) 2022 2 For the Period From (MM/DD) 01/01 To (MM/DD) 12/31

**Part I - Employee Information**

3 TIN 202-623-060-000  
 4 Employee's Name (Last Name, First Name, Middle Name) Flores, Joey Ferrer 5 RDO Code 43A  
 6 Registered Address 366 Tialo, Sto. Cristo, 6A Zip Code 3023  
 6B Local Home Address \_\_\_\_\_ 6C Zip Code \_\_\_\_\_  
 6D Foreign Address \_\_\_\_\_  
 7 Date of Birth (MM/DD/YYYY) 08/31/1978 8 Contact Number \_\_\_\_\_  
 9 Statutory Minimum Wage rate per day \_\_\_\_\_  
 10 Statutory Minimum Wage rate per month \_\_\_\_\_  
 11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

**Part II - Employer Information (Present)**

12 TIN 000-361-376-000  
 13 Employer's Name ROBINSONS LAND CORPORATION  
 14 Registered Address 14F Robinsons Cyberscape Alpha Sapphire And Garnet Road 14A Zip Code 1605  
 15 Type of Employee  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 38 and 52)	248,090.87
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	36,979.35
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	211,111.52
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	211,111.52
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
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 (Item 26 less Item 27)	0.00

**Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	19,291.02
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	17,688.33
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	36,979.35
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	212,605.13
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (Specify)	
44A	0.00
44B	0.00
SUPPLEMENTARY	
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (Specify)	
51A	0.00
51B	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	211,111.52

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 SUSAN S. LAVERDE Present Employer/ Authorized Agent Signature over Printed Name Date Signed 01/26/2023  
 CONFORMS: 54 Flores, Joey Ferrer Employee Signature over Printed Name Date Signed 01/26/2023  
 C/Valid ID No. of Employee N02-21-00729A Place of Issue QUEZON CITY Date of Issue 05/12/2021 Amount Paid, if CTC \_\_\_\_\_

**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 SUSAN S. LAVERDE 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 provisions of Revenue Regulations (RR) No. 3-2002, as amended.  
Flores, Joey Ferrer Employee Signature over Printed Name

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



# Certificate of Compensation Payment/Tax Withheld



2316 01/18ENC5

BIR Form No.  
**2316**

January 2018 (ENC5)

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) **2022**

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

**Part I - Employee Information**

**Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

3 TIN **235 436 216 0444**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

4 Employee's Name (Last Name, First Name, Middle Name) **FLORES, MARIBEL S** 5 RDO Code **25B**

Amount

6 Registered Address **366 TIALD STD. CRISTO CITY OF SAN JUAN DEL MONTE 3,0,2,3** 6A Zip Code

27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) **0.00**

6B Local Home Address 6C Zip Code

28 Holiday Pay (MWE) **0.00**

6D Foreign Address 6E Zip Code

29 Overtime Pay (MWE) **0.00**

7 Date of Birth (MM/DD/YYYY) **1,1 0,6 1,9 7,8** 8 Telephone Number

30 Night Shift Differential (MWE) **0.00**

9 Statutory Minimum Wage rate per day **0.00**

31 Hazard Pay (MWE) **0.00**

10 Statutory Minimum Wage rate per month **0.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **80,973.00**

33 De Minimis Benefits **0.00**

11  Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) **40,503.66**

35 Salaries & Other Forms of Compensation **0.00**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **121,476.66**

**Part II - Employer Information (Present)**

**B. TAXABLE COMPENSATION INCOME REGULAR**

12 Taxpayer **000 863 958 0444**

37 Basic Salary **316,802.34**

13 Employer's Name **DEPARTMENT OF EDUCATION**

38 Representation

14 Registered Address **SAN IGNACIO POBLACION CSJDM BULACAN** 14A Zip Code **3023**

39 Transportation

15 Type of Employer  Main Employer  Secondary Employer

40 Cost of Living Allowance (COLA)

**Part III - Employer Information (Previous)**

41 Fixed Housing Allowance

16 TIN

42 Others (Specify)

17 Employer's Name

42A **0.00**

18 Registered Address 18A Zip Code

42B

**Part IVA - Summary**

**SUPPLEMENTARY**

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **438,279.00**

43 Commission

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **121,476.66**

44 Profit Sharing

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **316,802.34**

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) **316,802.34**

47 Hazard Pay

24 Tax Due **13,360.47**

48 Overtime Pay

25 Amount of Taxes Withheld 25A Present Employer **13,360.47**

49 Others (Specify)

25B Previous Employer **0.00**

49A

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **13,360.47**

49B

50 Total Taxable Compensation Income (Sum of Items 37 and 49B) **316,802.34**

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" (R.A. No. 10173) for legitimate and lawful purposes.

51 **KRISTINE JOY D. QUEZADA**  
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME: **MARIBEL S FLORES**

Date Signed **0,1 3,0 2,0 2,3**

52 **MARIBEL S FLORES**  
Employee Signature Over Printed Name

Date of Issue **0,1 2,0 2,0 0,3**

CTC/Valid ID No. of Employee **0798838** Place of Issue **MANILA**

Amount Paid, if CTC

**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.

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.

53 **KRISTINE JOY D. QUEZADA**  
Present Employer/ Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

54 **MARIBEL S FLORES**  
Employee Signature Over Printed Name

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