

For BIR BCS/
Use Only Item:

Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316

September 2021(ENC6)

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) **2022**

2 For the Period From (MM/00) **03/11** To (MM/00) **12/31**

Part I - Employee Information

3 TIN **605-798-335**

4 Employee's Name (Last Name, First Name, Middle Name) **PLAZA, MAY AMOR GENERALAO**

5 Registered Address **SITIO KALAKAD INARAWAN ANTIPOLO**

6 Local Home Address

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **05/17/2001**

8 Contact Number **099999613940**

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 **010-121-242-01010**

13 Employer's Name **GOLDEN ARCHES DEVELOPMENT CORPORATION**

14 Registered Address **17/F CITIBANK CENTRE, PASEO DE ROXAS, MAKATI**

15 Type of Employer 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 30 and 32) **70,402.89**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 34) **70,402.89**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 32) **0.00**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

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 9% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

Part IVB Details of Compensation Income & Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME (Amount)

29 Basic Salary (including the exempt P200,000 & below) or the Statutory Minimum Wage of the MWE **54,634.06**

30 Holiday Pay (MWE) **4,995.08**

31 Overtime Pay (MWE) **417.29**

32 Night Shift Differential (MWE) **22.45**

33 Hazard Pay (MWE)

34 13th Month Pay and Other Benefits (Maximum of P90,000) **4,453.13**

35 De Minimis Benefits **0.00**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee shares only) **5,880.88**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **70,402.89**

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary **0.00**

40 Representation

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

46 Profit Sharing

47 Fees including Director's Fees

48 Taxable 13th Month Benefits **0.00**

49 Hazard Pay

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) **0.00**

"We solemnly swear" the verities of the contents hereof are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I 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 Present Employer/Authorized Agent Signature over Printed Name **JOAN O. MANALO**

Date Signed **02/03/2023**

54 Employee Signature over Printed Name **PLAZA, MAY AMOR GENERALAO**

Date Signed **02/17/2023**

CTC/Valid ID No. of Employee **09-20619906-1**

Place of Issue **Antipolo City**

Date Issued **02/21/2022**

Amount paid, if CTC

I declare, under the penalties of perjury that the information herein stated are resorted under BIR Form No. 1504-C which has been filed with the Bureau of Internal Revenue.

55 Present Employer/Authorized Agent Signature over Head of Accounting/ Human Resource or Authorized **JOAN O. MANALO**

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. 1504-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 a BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-082, as amended.

56 **PLAZA, MAY AMOR GENERALAO**
Employee Signature over Printed Name

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

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