



2316 9/21ENCS

BIR Form No. 2316
September 2021(ENCS)
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) **2023** 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 & Tax Withheld from Present Employer**

3 TIN	166 - 693 - 930 - 0000	29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
4 Employee's Name (Last Name, First Name, Middle Name)	CUAREZ, REMER DE LA ROSA	30 Holiday Pay (MWE)	
5 RDO Code	043	31 Overtime Pay (MWE)	
6 Registered Address	11 Peso St., Meralco Village Brgy. San Juan, Tatay, Rizal	32 Night Shift Differential (MWE)	
6A ZIP Code		33 Hazard Pay (MWE)	
6B Local Home Address		34 13th Month Pay and Other Benefits (maximum of P90,000)	90,000.00
6C ZIP Code		35 De Minimis Benefits	60,909.34
6D Foreign Address		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	37,637.28
7 Date of Birth (MM/DD/YYYY)	09 / 23 / 1970	37 Salaries and Other Forms of Compensation	24,000.00
8 Contact Number		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	212,546.62
9 Statutory Minimum Wage rate per day			
10 Statutory Minimum Wage rate per month			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			

Part II - Employer Information (Present) **B. TAXABLE COMPENSATION INCOME REGULAR**

12 TIN	000 - 894 - 948 - 0000	39 Basic Salary	293,610.72
13 Employer's Name	LIGHT RAIL TRANSIT AUTHORITY	40 Representation	
14 Registered Address	LRTA LINE 2 DEPOT, MARCOS HIGHWAY, SANTOLAN, PASIG CITY	41 Transportation	
14A ZIP Code	1610	42 Cost of Living Allowance (COLA)	
15 Type of Employer	<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	43 Fixed Housing Allowance	
16 TIN		44 Others (specify)	
17 Employer's Name		44A	
18 Registered Address		44B	
18A ZIP Code		SUPPLEMENTARY	

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	530,396.45	45 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	212,546.62	46 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	317,849.83	47 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		48 Taxable 13th Month Benefits	24,239.11
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	317,849.83	49 Hazard Pay	-
24 Tax Due	10,177.47	50 Overtime Pay	-
25 Amount of Taxes Withheld	10,177.47	51 Others (specify)	
25A Present Employer		51A	
25B Previous Employer, if applicable		51B	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	10,177.47	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	317,849.83
27 5% Tax Credit (PERA Act of 2008)			
28 Total Taxes Withheld (Sum of Items 26 and 27)	10,177.47		

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 EVELYN L. MACALINO Present Employer/Authorized Agent Signature over Printed Name Date Signed _____

54 REMER DE LA ROSA CUAREZ Employee Signature over Printed Name Date Signed _____ Amount paid, if CTC _____

CTC/Valid ID No. of Employee CRN - 006 - 0023 - 4963 Place of Issue PASAY CITY Date Issued _____

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 DIVINA J. GONZON 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 REMER DE LA ROSA CUAREZ Employee Signature over Printed Name

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