



BIR Form No.
2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21 ENCS

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

1. For the Year (YYYY) **2 0 2 1** 2. For the Period from (MM/YY) **0 1 0 1** to (MM/YY) **1 2 3 1**

Part I - Employee Information

3. TIN **9 0 1 - 8 8 5 - 3 3 6 - 0 0 0 0 0**

4. Employee's Name (Last Name, First Name, Middle Name) **PONTEROS, GILBERT DESABILLE** 5. TIN Code **1 1 6**

6. Registered Address _____ 6A. ZIP Code _____

6B. Local Home Address **202 BRGY GANADO, BINAN CITY LAGUNA** 6C. ZIP Code _____

6D. Foreign Address _____

7. Date of Birth (MM/DD/YYYY) **0 8 3 0 1 9 7 7** 8. Contact Number **0 9 4 6 2 5 4 5 7 4 8**

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 **0 0 6 - 6 4 7 - 5 8 9 - 0 0 0 0 0**

13. Employer's Name **Century Pacific Food, Inc.**

14. Registered Address **7th Floor Centropoint Building, Ortigas Center, Pasig City** 14A. ZIP Code _____

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 29 and 32)	680,589.24
20. Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	91,830.66
21. Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	568,758.58
22. Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23. Gross Taxable Compensation Income (Sum of Items 21 and 22)	568,758.58
24. Tax Due	56,251.72
25. Amount of Taxes Withheld	56,251.72
25A. Present Employer	56,251.72
25B. Previous Employer, if applicable	0.00
26. Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	56,251.72
27. 5% Tax Credit (TCRA Act of 2000)	0.00
28. Total Taxes Withheld (Sum of Items 26 and 27)	56,251.72

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

	Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
29. Basic Salary (including the exempt P200,000 & 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)	55,578.48
34. 13th Month Pay and Other Benefits (maximum of P10,000)	11,739.68
35. De Minimis Benefits	24,512.52
36. SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (employee share only)	0.00
37. Salaries and Other Forms of Compensation	91,830.66
38. Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	
B. TAXABLE COMPENSATION INCOME REGULAR	333,215.11
39. Basic Salary	0.00
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)	0.00
44A _____	0.00
44B _____	0.00
SUPPLEMENTARY	0.00
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	235,543.47
51. Others (specify)	0.00
51A _____	0.00
51B _____	0.00
52. Total Taxable Compensation Income (Sum of Items 39 to 51)	568,758.58

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. JAYRAVID MAAS Date Signed _____
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

54. GILBERT DESABILLE PONTEROS Date Signed _____
Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of Issue _____ Date issued _____ Amount paid, if CTC _____
of Employee

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. JAYRAVID MAAS
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. GILBERT DESABILLE PONTEROS
Employee Signature over Printed Name

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