



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

For BIR Use Only

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	
1 For the Year (YYYY) <b>2023</b>		2 For the Period From (MM/CC) <b>01 01</b> To (MM/CC) <b>12 31</b>			
Part I - Employee Information					
3 TIN <b>703 - 676 - 801 - 00000</b>		A NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employer's Name (Full Name, First Name, Middle Name) <b>ALMINANA, CIELO DELA PINA</b>		5 RDO Code <b>068</b>		Amount	
6 Registered Address <b>176 8TH ST, OLIV FANGPANG BURGOGON CITY 4700</b>		6A ZIP Code		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE <b>0.00</b>	
8 Local Home Address		8C ZIP Code		30 Holiday Pay (MWE) <b>0.00</b>	
6D Foreign Address				31 Overtime Pay (MWE) <b>0.00</b>	
7 Date of Birth (MM/DD/YYYY) <b>03 24 1985</b>		7 Contact Number		32 Night Shift Differential (MWE) <b>0.00</b>	
9 Statutory Minimum Wage rate per day				33 Hazard Pay (MWE) <b>0.00</b>	
10 Statutory Minimum Wage rate per month				34 13th Month Pay and Other Benefits (maximum of P90,000) <b>80,106.00</b>	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				35 De Minimis Benefits <b>30,345.44</b>	
12 TIN <b>000 - 807 - 763 - 00000</b>				36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>24,356.44</b>	
13 Employer's Name <b>PROVINCIAL GOVERNMENT OF SORSOGON</b>				37 Salaries and Other Forms of Compensation <b>24,000.00</b>	
14 Registered Address <b>CAPITOL CMPD, BURABOD, SORSOGON CITY</b>		14A ZIP Code <b>068</b>		38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37) <b>158,807.88</b>	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				B. TAXABLE COMPENSATION INCOME REGULAR	
16 TIN				39 Basic Salary <b>264,759.81</b>	
17 Employer's Name				40 Representation	
18 Registered Address		18A ZIP Code		41 Transportation	
19 Gross Compensation Income from Present Employer (Sum of items 29 and 37) <b>433,567.69</b>				42 Cost of Living Allowance (COLA)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38) <b>158,807.88</b>				43 Fixed Housing Allowance	
21 Taxable Compensation Income from Present Employer (From item 19) <b>264,759.81</b>				44 Others (specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>				44A	
23 Gross Taxable Compensation Income (Sum of items 21 and 22) <b>264,759.81</b>				44B	
24 Tax Due <b>2,213.97</b>				SUPPLEMENTARY	
25 Amount of Taxes Withheld				45 Commission	
25A Present Employer <b>2,213.97</b>				46 Profit Sharing	
25B Previous Employer, if applicable <b>0.00</b>				47 Fees including Director's Fees	
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <b>2,213.97</b>				48 Taxable 13th Month Benefits <b>0.00</b>	
27 5% Tax Credit (PERA Act of 2008) <b>0.00</b>				49 Hazard Pay	
28 Total Taxes Withheld (Sum of items 26 and 27) <b>2,213.97</b>				50 Overtime Pay	
				51 Others (specify)	
				51A	
				51B	
				52 Total Taxable Compensation Income (Sum of items 39 to 51B) <b>264,759.81</b>	
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 Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give my/our consent to the processing of my/our information as contemplated under the Data Privacy Act of 2012 (RA No. 10173) and its implementing rules and regulations.					
53 <b>MARICOR D. ADRA / ROBERTO A. CHACON JR.</b> Present Employer/Authorized Agent Signature over Printed Name		Date Signed			
54 <b>CIELO DELA PINA ALMINANA</b> Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee		Place of Issue		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 Form No. 1004-C 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 return (BIR Form No. 1702), 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 reports has withheld), that the BIR Form No. 1004-C filed by my employer to the BIR shall continue as my income tax return, and that BIR Form No. 2316 shall serve the same purpose as BIR Form No. 1702 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 5-2002, as amended.		
55 <b>MARICOR D. ADRA / ROBERTO A. CHACON JR.</b> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)			56 <b>CIELO DELA PINA ALMINANA</b> Employee Signature over Printed Name		

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