

**Certificate of Compensation Payment/Tax Withheld**  
For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

**2316**  
Revised 09/21 (ENCS)  
Use in all appropriate sources. Mark all appropriate boxes with an "X".

For the Year (YYYY) **2023** 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: <b>209 550 126 0000</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>TABIO, MAR ESTILLORE</b> 5 RDO Code <b>083</b>		Amount	
6 Registered Address <b>LAWAAN II TALISAY CITY</b> 6A Zip Code		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	<b>159,084.00</b>
6B Local Home Address 6C Zip Code		30 Holiday Pay (MWE)	<b>5,228.10</b>
6D Foreign Address 6E Zip Code		31 Overtime Pay (MWE)	<b>0.00</b>
7 Date of Birth (MM/DD/YYYY) <b>03 01 1978</b> 8 Telephone Number		32 Night Shift Differential (MWE)	<b>0.00</b>
9 Statutory Minimum Wage rate per day <b>468.00</b>		33 Hazard Pay (MWE)	<b>0.00</b>
10 Statutory Minimum Wage rate per month <b>14,157.00</b>		34 13th Month Pay and Other Benefits (maximum of P90,000)	<b>14,157.00</b>
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		35 De Minimis Benefits	<b>0.00</b>
<b>Part II - Employer Information (Present)</b>		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>10,500.00</b>
12 Taxpayer: <b>291 077 135 0000</b>		37 Salaries and Other Forms of Compensation	<b>0.00</b>
13 Employer's Name <b>CAFE SECURITY AGENCY INC</b>		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<b>188,969.10</b>
14 Registered Address <b>N BACALSO AVE BULACAO TALISAY CEBU</b> 14A Zip Code <b>6045</b>		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
15 Type of Employer: <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		39 Basic Salary	<b>0.00</b>
<b>Part III - Employer Information (Previous)</b>		40 Representation	
16 TIN		41 Transportation	
17 Employer's Name		42 Cost of Living Allowance (COLA)	
18 Registered Address 18A Zip Code		43 Fixed Housing Allowance	
<b>Part IVA - Summary</b>		44 Others (Specify)	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	<b>188,969.10</b>	44A	<b>0.00</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	<b>188,969.10</b>	44B	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	<b>0.00</b>	<b>SUPPLEMENTARY</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>	45 Commission	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>0.00</b>	46 Profit Sharing	
24 Tax Due	<b>0.00</b>	47 Fees Including Director's Fees	
25 Amount of Taxes Withheld		48 Taxable 13th Month Pay Benefits	<b>0.00</b>
25A Present Employer	<b>0.00</b>	49 Hazard Pay	
25B Previous Employer	<b>0.00</b>	50 Overtime Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>	51 Others (Specify)	
27 5% Tax Credit (PERA Act of 2008)	<b>0.00</b>	51A	
28 Total Taxes Withheld (sum of Items 26 and 27)	<b>0.00</b>	51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<b>0.00</b>

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 of 2012" (R.A. No. 10173) for legitimate and lawful purposes.

51 Present Employer/Authorized Agent Signature Over Printed Name **JUSTO S. CAFE** Date Signed **1 0 1 0 2 0 2 4**

52 Employee Signature Over Printed Name **MAR ESTILLORE TABIO** Date Signed **1 0 1 0 2 0 2 4** Amount Paid, if CTC

CTC/Valid ID No. of Employee **GP-0045** Place of Issue **SA LUPAT CEBU** Date of Issue **10 0 2 8 2 0 2 4**

**To be accomplished under substituted filing**

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 2316 which has been filed with the Bureau of Internal Revenue

53 Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) **JUSTO S. CAFE**

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.

54 Employee Signature Over Printed Name **MAR ESTILLORE TABIO**