For BIR BCS/

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316
September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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

1 For the Year (YYYY)	2024
2 For the Period From (MM/DD)	01 01
To (MM/DD)	12 31

Part I - Employee Information

3 TIN	453 583 171 0000
4 Employee's Name (Last Name, First Name, Middle Name)	POTOT, EVELYN VALMORIA
5 RDO Code	038
6 Registered Address	S.J.D.M. BULACAN SAN JOSE DEL MONTE
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY)	02 10 1981
8 Telephone Number	
9 Statutory Minimum Wage rate per day	0.00
10 Statutory Minimum Wage rate per month	0.00
11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	

Part II - Employer Information (Present)

12 Taxpayer	221 445 525 0000
13 Employer's Name	MID-FIL FOODS, INC.
14 Registered Address	31 WEST AVENUE NAYONG KANLURAN QUEZON
14A Zip Code	1104
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 38 and 52)	262,991.10
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	262,991.10
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	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	
25A Present Employer	0.00
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (sum of items 26 and 27)	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	225,393.75
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	18,127.04
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	19,470.31
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	262,991.10

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	0.00
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (Specify)	
44A	0.00
44B	

SUPPLEMENTARY

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Pay Benefits	0.00
49 Hazard Pay	
50 Overtime Pay	
51 Others (Specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

I/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 FRANCISCO M. PAMPILON
Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed

CONFORME:

52 EVELYN VALMORIA POTOT
Employee Signature Over Printed Name
Date Signed
Amount Paid, if CTC

CTC/Valid ID No. of Employee
Place of Issue
Date of Issue

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

53 FRANCISCO M. PAMPILON
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 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 EVELYN VALMORIA POTOT
Employee Signature Over Printed Name

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