



BIR Form No.

2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316-9/21ENCS

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

1 For the Year (YYYY) 2 For the Period From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number

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

13 Employer's Name

14 Registered Address 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 38 and 52)

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of items 21 and 22)

24 Tax Due

25 Amount of Taxes Withheld
25A Present Employer
25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)

27 5% Tax Credit (PERA Act of 2008)

28 Total Taxes Withheld (Sum of Items 26 and 27)

Part IV-B Details of Compensation Income & 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	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)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	90,000.00
35 De Minimis Benefits	17,510.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	27,826.37
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	135,336.37

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	199,425.63
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)	
44A <input type="text"/>	0.00
44B <input type="text"/>	0.00

SUPPLEMENTARY

45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	16,010.87
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (specify)	
51A <input type="text"/>	210,878.40
51B <input type="text"/>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	426,314.90

I/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 Date Signed
 Present Employer/Authorized Agent Signature over Printed Name
CONFORME:
 54 Date Signed
 Employee Signature over Printed Name
 CTC/Valid ID No. of Employee Place of Issue Date Issued 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