

BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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				Part IV-B Details of Compensation Income & Tax Withheld from Present Employer					
3 TIN	929-328-151	5 RDO Code	000						
4 Employee's Name (Last Name, First Name, Middle Name)		6 Registered Address		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME					
DYQUIANGCO, ROMULO GUZMAN		FLORIS ST. SAN FERNANDO CITY LA UNION		Amount					
6B Local Home Address		6A ZIP Code		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)					
FLORIS ST. SAN FERNANDO CITY LA UNION				30 Holiday Pay (MWE)					
6D Foreign Address		6C ZIP Code		31 Overtime Pay (MWE)					
				32 Night Shift Differential (MWE)					
7 Date of Birth (MM/DD/YYYY)	8 Contact Number			33 Hazard Pay (MWE)					
11-21-1977	09685159871			34 13th Month Pay and Other Benefits (maximum of P90,000)	90,000.00				
9 Statutory Minimum Wage rate per day					35 De Minimis Benefits	20,778.60			
10 Statutory Minimum Wage rate per month					36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	55,126.90			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax						37 Salaries and Other Forms of Compensation	24,000.00		
Part II - Employer Information (Present)				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)					
12 TIN	000-863-958-0637			189,905.50					
13 Employer's Name				B. TAXABLE COMPENSATION INCOME REGULAR					
DEPED SAN FERNANDO CITY				39 Basic Salary					
14 Registered Address		14A ZIP Code		40 Representation					
Tanqui, San Fernando City, La Union		25 100		41 Transportation					
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				42 Cost of Living Allowance (COLA)					
Part III - Employer Information (Previous)				43 Fixed Housing Allowance					
16 TIN				44 Others (specify)					
17 Employer's Name				44A					
18 Registered Address				44B					
				SUPPLEMENTARY					
Part IVA - Summary				45 Commission					
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)		448,754.33		46 Profit Sharing					
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		189,905.50		47 Fees including Director's Fees					
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		258,848.83		48 Taxable 13th Month Benefits					
22 Add: Taxable Compensation Income from Previous Employer, if applicable		-		49 Hazard Pay					
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		258,848.83		50 Overtime Pay					
24 Tax Due		32,250.87		51 Others (specify)					
25 Amount of Taxes Withheld				51A					
25A Present Employer		32,250.87		51B					
25B Previous Employer, if applicable		-		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		32,250.87		258,848.83					
27 5% Tax Credit (PERA Act of 2008)		-							
28 Total Taxes Withheld (Sum of Items 26 and 27)		32,250.87							

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 <u>APRILLYN B. CARBONELL</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed
CONFORME: 54 <u>DYQUIANGCO, ROMULO GUZMAN</u> Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. <u>1003 C98</u> or Employee	Place of Issue <u>SAN FERNANDO CITY LU</u> Date Issued

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.	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.
55 <u>APRILLYN B. CARBONELL</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	56 <u>DYQUIANGCO, ROMULO GUZMAN</u> Employee Signature over Printed Name

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