



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 spaces. Mark all appropriate boxes with an "X".		
1 For the Year (YYYY) 2 0 2 4	2 For the Period From (MMDD) 0 1 0 1 To (MMDD) 0 6 2 1	
Part I - Employee Information		
3 TIN 2 0 2 - 8 5 3 - 0 5 8 - 0 0 0 0	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) TRAQUINA, ARNELITO GONZALES	29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
5 RDO Code	30 Holiday Pay (MWE) 0.00	
6 Registered Address 29 R. Domingo St., Tangos North, Navotas City	31 Overtime Pay (MWE) 0.00	
6A ZIP Code	32 Night Shift Differential (MWE) 0.00	
6B Local Home Address	33 Hazard Pay (MWE) 0.00	
6C ZIP Code	34 13th Month Pay and Other Benefits (maximum of P90,000) 8,057.17	
6D Foreign Address	35 De Minimis Benefits 0.00	
7 Date of Birth (MMDD/YYYY) 0 4 1 1 1 9 7 5	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 9,380.99	
8 Contact Number	37 Salaries and Other Forms of Compensation 0.00	
9 Statutory Minimum Wage rate per day	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 17,438.16	
10 Statutory Minimum Wage rate per month	B. TAXABLE COMPENSATION INCOME REGULAR	
11 <input type="checkbox"/> Minimum Wage Earning (MWE) whose compensation is exempt from withholding tax and not subject to income tax	39 Basic Salary 82,597.49	
Part II - Employer Information (Present)		
12 TIN 0 0 0 - 2 2 4 - 2 7 4 - 0 0 0 0	40 Representation 0.00	
13 Employer's Name E. E. BLACK, LTD.	41 Transportation 0.00	
14 Registered Address 2nd Flr 111 Paseo de Roxas Avenue, Legaspi Village, Makati City	42 Cost of Living Allowance (COLA) 0.00	
14A ZIP Code 1 2 2 9	43 Fixed Housing Allowance 0.00	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	44 Others (specify) 44A Other Income 9,240.00	
Part III - Employer Information (Previous)		
16 TIN 0 0 0 - 0 0 0 - 0 0 0 - 0 0 0 0	44B	
17 Employer's Name	SUPPLEMENTARY	
18 Registered Address	45 Commission 0.00	
18A ZIP Code	46 Profit Sharing 0.00	
Part IVA - Summary		
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 144,379.81	47 Fees Including Director's Fees 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 17,438.16	48 Taxable 13th Month Benefits 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 126,941.65	49 Hazard Pay 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	50 Overtime Pay 35,104.16	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 126,941.65	51 Others (specify)	
24 Tax Due 0.00	51A	
25 Amount of Taxes Withheld	51B	
25A Present Employer 0.00	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 126,941.65	
25B Previous Employer, if applicable 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		
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>Eileen D. Evasco</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME:	Date Signed	
54 <u>ARNELITO GONZALES TRAQUINA</u> Employee Signature over Printed Name	Date Issued	
CTC/Valid ID No. of Employee	Amount paid, if CTC	
Place 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. 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>Eileen D. Evasco</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	56 <u>ARNELITO GONZALES TRAQUINA</u> Employee Signature over Printed Name	

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