



BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

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) 05 23 To (MM/DD) 12 31

Part I - Employee Information
3 TIN: 259 629 190 0000
4 Employee's Name: RAMIREZ, MARY ANN B
5 RDO Code: 059
6 Registered Address
6A Zip Code
6B Local Home Address
6C Zip Code
6D Foreign Address
6E Zip Code
7 Date of Birth (MM/DD/YYYY)
8 Telephone Number
9 Statutory Minimum Wage rate per day: 520.00
10 Statutory Minimum Wage rate per month: 13,520.00
11 [X] Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
29 Basic Salary (including the exempt P250,000 & bc or the Statutory Minimum Wage of the MWE): 85,301.00
30 Holiday Pay (MWE): 2,997.00
31 Overtime Pay (MWE): 63,458.81
32 Night Shift Differential (MWE): 3,431.20
33 Hazard Pay (MWE): 0.00
34 13th Month Pay and Other Benefits (maximum of P90,000): 6,026.78
35 De Minimis Benefits: 0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only): 11,350.75
37 Salaries and Other Forms of Compensation: 0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37): 172,565.54

Part II - Employer Information (Present)
12 Taxpayer: 165 073 031 0000
13 Employer's Name: CALOPEZ, APOLONIA AVENIDO
14 Registered Address: 200 SAN ANTONIO STO. TOMAS BATANGAS
14A Zip Code: 4234
15 Type of Employer: [] Main Employer [] Secondary Employer

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:

Part III - Employer Information (Previous)
16 TIN
17 Employer's Name
18 Registered Address
18A Zip Code

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:

Part IVA - Summary
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52): 172,565.54
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38): 172,565.54
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

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 APOLONIA A. CALOPEZ Present Employer/ Authorized Agent Signature Over Printed Name
CONFORME:
52 MARY ANN B RAMIREZ Employee Signature Over Printed Name
CTC/Valid ID No. of Employee Place of Issue

Date Signed
Date Signed
Date of Issue
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 BIR Form No. 1604C 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 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.

53 APOLONIA A. CALOPEZ Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 MARY ANN B RAMIREZ Employee Signature Over Printed Name

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