

BIR Form No.
2316

September 2021 (ENCS)

Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9-21 ENCS

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

1 For the Year (YYYY) **2025**2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I - Employee Information

3 TIN **418 - 882 - 926 - 0000**4 Employee's Name (Last Name, First Name, Middle Name) **Mesa, Anthony, Pantano**5 RDO Code **125**6 Registered Address **MACAPAGAL AVE. EDSA EXT. PASAY CITY**6A ZIP Code **1302**

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 **695.00**10 Statutory Minimum Wage rate per month **21,139.58**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 **000 - 855 - 492 - 00000**13 Employer's Name **2GO EXPRESS INC**14 Registered Address **8TH FLOOR TOWER 1 DOUBLE DRAGON PLAZA COR**14A ZIP Code **1302**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 39 and 52) **316,064.69**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **316,064.69**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, 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 2003) **0.00**28 Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE **224,789.21**30 Holiday Pay (MWE) **0.00**31 Overtime Pay (MWE) **8,770.96**32 Night Shift Differential (MWE) **0.00**33 Hazard Pay (MWE) **0.00**34 13th Month Pay and Other Benefits (maximum of P90,000) **60,451.58**35 De Minimis Benefits **800.00**36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **21,252.94**37 Salaries and Other Forms of Compensation **0.00**38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **316,064.69**

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary **0.00**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) **0.00**44A **0.00**44B **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 **0.00**49 Hazard Pay **0.00**50 Overtime Pay **0.00**51 Others (specify) **0.00**51A **0.00**51B **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 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 **LEAH P. MARINDA**

Present Employer Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

54 **Anthony Pantano Mesa**

Employee Signature over Printed Name

Date Signed

CTC/Valid ID No.

Place of

Issue

Date Issued

Date Issued

Amount paid, if CTC

To be accomplished under substituted filing

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

55 **LEAH P. MARINDA**

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 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. 2316 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2022, as amended.

56 **Anthony Pantano Mesa**

Employee Signature over Printed Name

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