

BIR Form No.
2316
January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld



Employee Signature over Printed Name

For Compensation Payment With or Without Tax Withhele

Fill in all applicable appear. Mark all appropriate boyes with an "Y"	VILLI OF WILLIOUT TAX WILLINGS
Fill in all applicable spaces. Mark all appropriate boxes with an "X". 1 For the Year	2 For the Period
(YYYY)	From (MM/DD) To (MM/DD)
Part I - Employee Information	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
3 TIN	
	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	27 Basic Salary (including the exempt P250,000 & below)
	or the Statutory Minimum Wage of the MWE
6 Registered Address 6A ZIP Code	28 Holiday Pay (MWE)
	29 Overtime Pay (MWE)
6B Local Home Address 6C ZIP Code	23 Overtime Lay (MVVL)
DE Local Home Address OC 217 Code	30 Night Shift Differential (MWE)
	30 Night Shift Differential (MVVE)
6D Foreign Address	31 Hazard Pay (MWE)
	31 Flazaru Fay (WWE)
	32 13th Month Pay and Other Benefits
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	(maximum of P90,000)
	33 De Minimis Benefits
9 Statutory Minimum Wage rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions
10 Statutory Minimum Wage rate per month	and Union Dues (Employee share only)
	35 Salaries and Other Forms of Compensation
Minimum Wage Earner (MWE) whose compensation is exempt from	·
withholding tax and not subject to income tax	36 Total Non-Taxable/Exempt Compensation
Part II - Employer Information (Present)	Income (Sum of Items 27 to 35)
12 TIN	B. TAXABLE COMPENSATION INCOME REGULAR
13 Employer's Name	
13 Employer's Name	37 Basic Salary
14 Registered Address 14A ZIP Code	38 Representation
	39 Transportation
15 Type of Employer Main Employer Secondary Employer	
Part III - Employer Information (Previous)	40 Cost of Living Allowance (COLA)
16 TIN	44 5: 111 : 411
	41 Fixed Housing Allowance
17 Employer's Name	42 Others (specify)
	42A
	TEN
18 Registered Address 18A ZIP Code	42B
	SUPPLEMENTARY
Part IVA - Summary	
19 Gross Compensation Income from Present	43 Commission
Employer (Sum of Items 36 and 50)	AA Duelit Chaving
20 Less: Total Non-Taxable/Exempt Compensation	44 Profit Sharing
Income from Present Employer (From Item 36)	AF. Face Including Directoria Face
21 Taxable Compensation Income from Present	45 Fees Including Director's Fees
Employer (Item 19 Less Item 20) (From Item 50)	46 Taxable 13th Month Benefits
22 Add: Taxable Compensation Income from	40 Taxable 13th Month Benefits
Previous Employer, if applicable	47. Hozord Dov
23 Gross Taxable Compensation Income	47 Hazard Pay
(Sum of Items 21 and 22)	49 Overtime Pov
24 Tax Due	48 Overtime Pay
27 TAX DUC	49 Others (specify)
25 Amount of Taxes Withheld	49A
25A Present Employer	
25B Previous Employer, if applicable	49B
200 i Tevious Employer, ii applicable	
26 Total Amount of Taxes Withheld as adjusted	50 Total Taxable Compensation Income
(Sum of Items 25A and 25B)	(Sum of Items 37 to 49B)
	verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to 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	
51	Date Signed
Present Employer/Authorized Agent Signature over Printed Name	
CONFORME:	
52	Date Signed
Employee Signature over Printed Name	Amount paid, if CTC
CTC/Valid ID No. Place of	
of Employee Issue	Date of Issue
To be accomplished under substituted filing	
I declare, under the penalties of perjury that the information herein stated are	I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return
reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.	(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
53	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.
	or revenue regulations (rec) 140. 0-2002, as allicitude.

Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)