

For BIR
Use Only

BCS/
Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

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 3		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 3 1	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 3 1 0 - 1 0 2 - 1 4 3 - 0 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
4 Employee's Name (Last Name, First Name, Middle Name) VISITACION, JADE GELILANG		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
5 RDO Code 1 2 6		30 Holiday Pay (MWE)	
6 Registered Address 9 DM CRUZ EXT Sta Ana, TAGUIG CITY, 1603 National Capital Region (Manila)		31 Overtime Pay (MWE)	
6B Local Home Address		32 Night Shift Differential (MWE)	
6C ZIP Code		33 Hazard Pay (MWE)	
6D Foreign Address		34 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
7 Date of Birth (MM/DD/YYYY) 0 6 1 7 1 9 9 1		35 De Minimis Benefits 33,908.04	
8 Contact Number		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 26,280.24	
9 Statutory Minimum Wage rate per day		37 Salaries and Other Forms of Compensation 0.00	
10 Statutory Minimum Wage rate per month		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 150,188.28	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II - Employer Information (Present)		39 Basic Salary 509,346.16	
12 TIN 2 1 6 - 6 9 7 - 3 2 5 - 0 0 0 0		40 Representation	
13 Employer's Name CONCENTRIX SERVICES B.V. PHILIPPINE BRANCH		41 Transportation	
14 Registered Address 18TH, 20TH & 21ST FLOORS TERA TOWER, C-5 ROAD, UGONG NORTE, QUEZON CITY		42 Cost of Living Allowance (COLA)	
14A ZIP Code		43 Fixed Housing Allowance	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		44 Others (specify)	
Part III - Employer Information (Previous)		44A	
16 TIN		44B	
17 Employer's Name		SUPPLEMENTARY	
18 Registered Address 18TH, 20TH & 21ST FLOORS TERA TOWER, C-5 ROAD, UGONG NORTE, QUEZON CITY		45 Commission	
18A ZIP Code		46 Profit Sharing	
Part IVA - Summary		47 Fees Including Director's Fees	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 878,623.69		48 Taxable 13th Month Benefits 119,319.15	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 150,188.28		49 Hazard Pay	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 728,435.41		50 Overtime Pay	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		51 Others (specify)	
23 Gross Taxable Compensation Income 728,435.41		51A OTHER TAXABLE INCOME 99,770.10	
24 Tax Due 88,187.08		51B	
25 Amount of Taxes Withheld 88,187.08		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 728,435.41	
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) 88,187.08			
27 5% Tax Credit (PERA Act of 2008)			
28 Total Taxes Withheld (Sum of Items 26 and 27) 88,187.08			

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 EDENREY RAMOS	Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME:		Date Signed	
54 VISITACION, JADE GELILANG	Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee	Place of Issue	Date Issued	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. 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 EDENREY RAMOS	56 VISITACION, JADE GELILANG
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	Employee Signature over Printed Name

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