



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) 2021		2 For the Period From (MM/DD) 08 23 To (MM/DD) 12 31	
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 TIN 405 218 540 752		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) GUARTE, DONNA M		5 RDO Code 089	
6 Registered Address CABULIHAN, MARASIN CITY, SOUTHERN LEYTE		6A Zip Code 6600	
6B Local Home Address STA CRUZ, BAYBAY CITY, LEYTE		6C Zip Code 6521	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 01 30 1989		8 Telephone Number	
9 Statutory Minimum Wage rate per day 0.00		27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)	
10 Statutory Minimum Wage rate per month 0.00		28 Holiday Pay (MWE)	
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		29 Overtime Pay (MWE)	
Part II - Employer Information (Present)		30 Night Shift Differential (MWE)	
12 Taxpayer 001 394 498 0000		31 Hazard Pay (MWE)	
13 Employer's Name VISAYAS STATE UNIVERSITY		32 13th Month Pay and Other Benefits (maximum of P90,000)	
14 Registered Address PANGASUGAN BAYBAY LEYTE		33 De Minimis Benefits	
14A Zip Code 6521		34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		35 Salaries & Other Forms of Compensation	
Part III - Employer Information (Previous)		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR	
17 Employer's Name		37 Basic Salary	
18 Registered Address		38 Representation	
18A Zip Code		39 Transportation	
Part IVA - Summary		40 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 128,271.48		41 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 29,013.33		42 Others (Specify)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 99,258.15		42A	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		42B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 99,258.15		SUPPLEMENTARY	
24 Tax Due 0.00		43 Commission	
25 Amount of Taxes Withheld		44 Profit Sharing	
25A Present Employer 0.00		45 Fees Including Director's Fees	
25B Previous Employer 0.00		46 Taxable 13th Month Pay Benefits	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00		47 Hazard Pay	
		48 Overtime Pay	
		49 Others (Specify)	
		49A	
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 and 49B) 99,258.15	

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.

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NICK FREDDY R. BELLO

Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

DONNA M GUARTE

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Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No. of Employee **P8232550A**

Place of Issue

PCG OSAKA

Date of Issue

08 06 2018

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 period covered by this certificate.