



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) 01 01 To (MM/DD) 12 31	
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 TIN 104 770 164 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) SALABAO, ANALITA A		5 RDO Code 089	
6 Registered Address Apt. 68, Kilbourne St., VSU, Visaya Baybay		6A Zip Code 6521	
6B Local Home Address Apt. 68, Kilbourne St., VSU, Visaya Baybay City		6C Zip Code 6521	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 02/01/1961		8 Telephone Number (053) 563-7385	
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) 0.00	
10 Statutory Minimum Wage rate per month 0.00		28 Holiday Pay (MWE) 0.00	
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		29 Overtime Pay (MWE) 0.00	
Part II - Employer Information (Present)		30 Night Shift Differential (MWE) 0.00	
12 Taxpayer 001 394 498 0000		31 Hazard Pay (MWE) 0.00	
13 Employer's Name VISAYAS STATE UNIVERSITY		32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
14 Registered Address PANGASUGAN BAYBAY LEYTE		33 De Minimis Benefits 0.00	
14A Zip Code 6521		34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) 99,083.94	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		35 Salaries & Other Forms of Compensation 0.00	
Part III - Employer Information (Previous)		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 189,083.94	
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR	
17 Employer's Name		37 Basic Salary 864,774.45	
18 Registered Address		38 Representation	
18A Zip Code		39 Transportation	
Part IV-A - Summary		40 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 1,174,336.89		41 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 189,083.94		42 Others (Specify)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 985,252.95		42A 24,312.50	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		42B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 985,252.95		SUPPLEMENTARY	
24 Tax Due 185,575.89		43 Commission	
25 Amount of Taxes Withheld		44 Profit Sharing	
25A Present Employer 185,575.89		45 Fees Including Director's Fees	
25B Previous Employer 0.00		46 Taxable 13th Month Pay Benefits 96,166.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 185,575.89		47 Hazard Pay	
		48 Overtime Pay	
		49 Others (Specify)	
		49A	
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 and 49B) 985,252.95	

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 NICK FREDDY R. BELLO Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
CONFORME: ANALITA A SALABAO			
52 0012021 Employee Signature Over Printed Name		Date Signed 03 02 2022	
CTC/Valid ID No. 01089175 Place of Issue Baybay City		Date of Issue 03 01 2022	
		Amount Paid, if CTC 1,249.74	

53 NICK FREDDY R. BELLO Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		54 ANALITA A SALABAO Employee Signature Over Printed Name	
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1804C 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. 1804-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.	