



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

3 TIN **472 243 526 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **RAMONEDA, KYZA MAE M**

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Amount

5 RDO Code **089**

6 Registered Address **6A Zip Code**

27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) **0.00**

28 Holiday Pay (MWE) **0.00**

29 Overtime Pay (MWE) **0.00**

30 Night Shift Differential (MWE) **0.00**

31 Hazard Pay (MWE) **0.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **77,104.00**

33 De Minimis Benefits **0.00**

34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) **34,025.50**

35 Salaries & Other Forms of Compensation **0.00**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **111,129.50**

6A Zip Code

6B Local Home Address **6C Zip Code**

6D Foreign Address **6E Zip Code**

7 Date of Birth (MM/DD/YYYY)

8 Telephone Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11 ☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 Taxpayer **001 394 498 0000**

13 Employer's Name **VISAYAS STATE UNIVERSITY**

14 Registered Address **14A Zip Code**

PANGASUGAN BAYBAY LEYTE

6521

15 Type of Employer ☐ Main Employer ☐ Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary **278,598.40**

38 Representation

39 Transportation

40 Cost of Living Allowance (COLA)

41 Fixed Housing Allowance

42 Others (Specify)

42A **27,216.20**

42B

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address **18A Zip Code**

Part IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **416,944.25**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **111,129.52**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **305,814.73**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **305,814.73**

24 Tax Due **11,162.95**

25 Amount of Taxes Withheld

25A Present Employer **11,162.95**

25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **11,162.95**

SUPPLEMENTARY

43 Commission

44 Profit Sharing

45 Fees Including Director's Fees

46 Taxable 13th Month Pay Benefits **0.00**

47 Hazard Pay

48 Overtime Pay

49 Others (Specify)

49A

49B

50 Total Taxable Compensation Income (Sum of Items 37 and 49B) **305,814.73**

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.

NICK FREDDY R. BELLO

51

Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

KYZA MAE M RAMONEDA

52

Employee Signature Over Printed Name

Date Signed **0 2 2 2 2 0 2 2**

CTC/Valid ID No. **CCJ2021 01088195**

Place of Issue

CITY OF BAYBAY

Date of Issue **0 2 2 2 2 0 2 2**

Amount Paid, if CTC

P 421.00

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 calendar year; that taxes have been