Republic of the Philippines
Department of Finance
Bureau of Intenatl Revenue

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 01 To (MM/DD): 12 31

Part I - Employee Information

3 TIN: 457 369 656 0000

4 Employee's Name (Last Name, First Name, Middle Name): RAMOS, DONNA CHRISTENE Q

5 RDO Code: 089

6 Registered Address: Dept. of Biotechnology, VSU, Baybay

6A Zip Code: 6521

6B Local Home Address: Zone 1, Brgy. Guadalupe, Baybay, Leyte

6C Zip Code: 6521

6D Foreign Address: None

6E Zip Code:

7 Date of Birth (MM/DD/YYYY): 04 10 1994

8 Telephone Number:

9 Statutory Minimum Wage rate per day: 0.00

10 Statutory Minimum Wage rate per month: 0.00

11 [X] 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: PANGASUGAN BAYBAY LEYTE

14A Zip Code: 6521

15 Type of Employer: [ ] Main Employer [ ] Secondary Employer

Part III - Employer Information (Previous)

16 TIN:

17 Employer's Name:

18 Registered Address:

18A Zip Code:

Part IVA - Summary

19	Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	147,260.00
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	31,177.30
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	116,082.70
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income (Sum of Items 21 and 22)	116,082.70
24	Tax Due	0.00
25	Amount of Taxes Withheld	
	25A Present Employer	0.00
	25B Previous Employer	0.00
26	Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

		Amount
27	Basic Salary(including the exempt P250,000 & b of the Statutory Minimum Wage of the MWE	0
28	Holiday Pay (MWE)	0
29	Overtime Pay (MWE)	0
30	Night Shift Differential (MWE)	0
31	Hazard Pay (MWE)	0
32	13th Month Pay and Other Benefits (maximum of P90,000)	17,000
33	De Minimis Benefits	0
34	SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	14,177
35	Salaries & Other Forms of Compensation	0
36	Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	31,177

B. TAXABLE COMPENSATION INCOME REGULAR

37	Basic Salary	116,082
38	Representation	
39	Transportation	
40	Cost of Living Allowance (COLA)	
41	Fixed Housing Allowance	
42	Others (Specify)	
	42A	0
	42B	

SUPPLEMENTARY

43	Commission	
44	Profit Sharing	
45	Fees Including Director's Fees	
46	Taxable 13th Month Pay Benefits	0
47	Hazard Pay	
48	Overtime Pay	
49	Others (Specify)	
	49A	
	49B	
50	Total Taxable Compensation Income (Sum of Items 37 and 49B)	116,082

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:

52 DONNA CHRISTENE Q RAMOS
Employee Signature Over Printed Name

Date Signed: 02 26 2022

CTC/Valid ID No. of Employee: 01088673

Place of Issue: BAYBAY CITY, LEYTE

Date of Issue: 02 22 2022

Amount Paid, if CTC: 0.00

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