



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 16** To (MM/DD) **12 31**

Part I - Employee Information

3 TIN **430 351 057 93 A**

4 Employee's Name (Last Name, First Name, Middle Name) **MINOZA, DARIUS NOEL C** 5 RDO Code **089**

6 Registered Address **MABOLO MEN'S HOME, UPPER CAMPUS, VSU** 6A Zip Code **6521**

6B Local Home Address **ZONE 1 BULWA, CDD CITY, MIS. ORIENTAL** 6C Zip Code **91000**

6D Foreign Address _____ 6E Zip Code _____

7 Date of Birth (MM/DD/YYYY) **04 13 1980** 8 Telephone Number **0929-802-2017**

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 **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) **127,016.83**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **25,207.32**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **101,809.51**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **101,809.51**

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 & 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)	15,000.00
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	10,207.32
35 Salaries & Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	25,207.32

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	101,809.51
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	0.00
42B	

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)	101,809.51

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:

DARIUS NOEL C MINOZA

52

Employee Signature Over Printed Name

Date Signed **02 08 2022**

CTC/Valid ID No. of Employee **P9323539A**

Place of Issue **DFA WILUNA**

Date of Issue **02 27 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