BIR Form No. **2316** 

## Certificate of Compensation Payment/Tax Withheld

January 2018 (ENCS)			ompensa	tion F			hout Tax Withheld			2316 01	/18ENCS
Fill in all applicable spaces  1 For the Year		propriate bo	exes with	an "X		2 For	the Period				
(YYYY) 2022							From (MM/DD)		01 01	To (MM/DD)	12 31
Part	l - Employee	Information				Pa	rt IV-B Details of Compe	nsation Inc	ome and Tax V	Vithheld from Present	Employer
3 TIN	323	710	819	200	0000	A. NO	N-TAXABLE/EXEMPT	COMPE	NSATION INC	OME	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code										Amoun	
ANDAN, CHARLIE S ,089							ic Salary(including the dee Statutory Minimum V				0.00
6 Registered Address	7	0 1	21	6A	Zip Code	28 Holid	day Pay (MWE)				0.00
Brgy. Poblacion 1	some 1	Bybin	wy			29 Ove	rtime Pay (MWE)				0.00
6B Local Home Address 6C Zip Code						30 Nigh	nt Shift Differential (MW	/E)			
6D Foreign Address 6E Zip Code  7 Date of Birth (MM/DD/YYYY) 8 Telephone Number						1. 10					0.00
						31 Maz	ard Pay (MWE)	0.00			
							Month Pay and Other ximum of P90,000)	Benefits			90,000.00
0,3 0,9 1,3	1		053 -E	300	593		Minimis Benefits				26,000.00
9 Statutory Minimum Wage ra	ate per day				0.00	34 555	S, GSIS, PHIC & Pag-it	oig Contrib	outions	7 - 2	
0.00						and	and Union Dues (Employee share only) 35 Salaries & Other Forms of Compensation				37,171.04
10 Statutory Minimum Wage rate per month 0.00						oo bala	ance a Other Points of	Compens	auon		0.00
11 X Minimum Wage Earner whose compensation is exempt from							al Non-Taxable/Exempl	and the second second	sation		153,171.04
withholding tax and not subject to income tax  Part II - Employer Information (Present)						Income (Sum of Items 27 to 35)					
12 Taxpayer	001	394	498		0000	B. TAX	CABLE COMPENSATI	ION INCO	ME REGULA	R	
13 Employer's Name		1 254	730	4	1000	37 Bas	ic Salarv				296,112.96
VISAYAS STATE UNIVE	ERSITY						presentation		<u> </u>		430,114.30
14 Registered Address 14A Zip Code											
PANGASUGAN BAYBAY CITY LEYTE 6521						39 Trai	nsportation				
15 Type of Employer	Main E	mployer	Seco	ndary	Employer	40 Cos	t of Living Allowance (0	COLA)		······································	
	Employer Info	ormation (P	revious)			41 Fixe	ed Housing Allowance				
16 TIN			Τ,			42 Oth	ers (Specify)				
17 Employer's Name				19.	S DE L	42A	-				39,379.00
						42E	<b>S</b>		一十二		
18 Registered Address		3		18	A Zip Code		L	2			
					1 1 1	sui	PPLEMENTARY				
19 Gross Compensation Income		A - Summar	У		488,663.00	43 Cor	nmission				17 1
Employer (Sum of Items 36 and 50)			•			-					
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)				153,171.04			fit Sharing		; <u> </u>		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)				335,491.96			s Including Director's	Fees			
22 Add: Taxable Compensation Income from			0.00				able 13th Month Pay B	Benefits			0.00
Previous Employer, if applicate  23 Gross Taxable Compensa		i i	- 10 - 10		335,491.9		ard Pay		-		
(Sum of Items 21 and 22) 24 Tax Due						ertime Pay					
					17,098.3				L		
25 Amount of Taxes Withhel 25A Present Employer	d	<u> </u>			17,098.3		ers (Specify)	أعفيانا			
25B Previous Employer 0.00						J				***	8 R S
26 Total Amount of Taxes Withhouse (Sum of Items 25A and 25B)	eld as adjusted	17,098.39				50 Tot	al Taxable Compensati m of Items 37 and 49B	on Income	e		335,491.96
I/We declare, under the						aith, verifie	d by us, and to the best of	my/our kno	wledge and belie		
the provisions of the National as contemplated under the *D	Internal Revenueta Privacy Act	2072 RAN	ended, and t No. 10173) f	ine reg or legit	ulations issued imate and law	under auti ul purposet	nority thereof. Further, I/we s.	e give my/ou	ur consent to the	processing of my/our is	nrormation
		DDY R. BEI		n			8			_	
51 Present Emplo	yer/ Authorized			ed Nan	ne	Date Sig	ned i				
CONFORME:				,							
Controller of Confederation	CHARL	IE SANDAT	N.			<u>.</u>				7	
52	Employee Signa	ature Over Prin	ted Name			Date Sig	ned			Amount P	aid, if CTC
CTC/Valid ID N V 009		Place of		bay	chy	Date of I	ssue		1 1		,
of Employee		Issue	To	be a	ccomplishe	d under	substituted filing	uses or bosons			

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.

NICK FREDDY'R. BELLO

Present Employer/ Authorized Agent Signature Over Printed Name

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. 1604-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