



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) <b>2021</b>	2 For the Period From (MM/DD) <b>03 17</b> To (MM/DD) <b>12 31</b>
<b>Part I - Employee Information</b>	
3 TIN <b>751 884 125</b>	<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>
4 Employee's Name (Last Name, First Name, Middle Name) <b>MONTE, DIANA</b>	5 RDO Code <b>089</b>
6 Registered Address <b>M.L. GUEZON ST., COR. M.H. DEL PILAR ST., BAYBAY CITY, LEYTE</b>	6A Zip Code <b>6521</b>
6B Local Home Address <b>M.L. GUEZON ST., COR. M.H. DEL PILAR ST., BAYBAY CITY, LEYTE</b>	6C Zip Code <b>6521</b>
6D Foreign Address	6E Zip Code
7 Date of Birth (MM/DD/YYYY) <b>08 28 1996</b>	8 Telephone Number <b>(053) 563 - 9590</b>
9 Statutory Minimum Wage rate per day <b>0.00</b>	10 Statutory Minimum Wage rate per month <b>0.00</b>
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
<b>Part II - Employer Information (Present)</b>	
12 Taxpayer <b>001 394 498 0000</b>	
13 Employer's Name <b>VISAYAS STATE UNIVERSITY</b>	
14 Registered Address <b>PANGASUGAN BAYBAY LEYTE</b>	14A Zip Code <b>6521</b>
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
<b>Part III - Employer Information (Previous)</b>	
16 TIN <b>210 132 127 00001</b>	
17 Employer's Name <b>SISON CORILLO PARONE AND COMPANY</b>	
18 Registered Address <b>EXCHANGE ROAD, SAN ANTONIO, ORTIGAL CENTER, PASIG CITY</b>	18A Zip Code <b>1605</b>
<b>Part IVA - Summary</b>	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>324,177.00</b>	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>104,248.44</b>	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>219,928.56</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>219,928.56</b>	
24 Tax Due <b>0.00</b>	
25 Amount of Taxes Withheld	
25A Present Employer <b>0.00</b>	
25B Previous Employer <b>0.00</b>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>	
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) <b>0.00</b>	Amount
28 Holiday Pay (MWE) <b>0.00</b>	
29 Overtime Pay (MWE) <b>0.00</b>	
30 Night Shift Differential (MWE) <b>0.00</b>	
31 Hazard Pay (MWE) <b>0.00</b>	
32 13th Month Pay and Other Benefits (maximum of P90,000) <b>77,104.00</b>	
33 De Minimis Benefits <b>0.00</b>	
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) <b>27,144.44</b>	
35 Salaries & Other Forms of Compensation <b>0.00</b>	
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>104,248.44</b>	
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
37 Basic Salary <b>219,928.56</b>	
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A <b>0.00</b>	
42B	
<b>SUPPLEMENTARY</b>	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits <b>0.00</b>	
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 and 49B) <b>219,928.56</b>	

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**

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Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

**DIANA MONTE**

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Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No. of Employee **13080554**

Place of Issue

**BAYBAY CITY, LEYTE**

Date of Issue

Amount Paid, if CTC

**₱ 329.00**

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 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

**DIANA MONTE**

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Employee Signature Over Printed Name