



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

Certificate of Compensation  
Payment / Tax Withheld

BIR Form No.  
**2316**  
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1

For the Year (YYYY)

2013

2

For the Period

From (MM/DD)

0701

To (MM/DD)

1231

Part I

Employee Information

3

Taxpayer Identification No.

3139125860000

4

Employee's Name (Last Name, First Name, Middle Name)

BARRERA, JOMARI JOSEPH ALTIVO

5

RDO Code

040

6

Registered Address

130I Carlock St. Brgy. San Nicolas Cebu City Cebu

6A

Zip Code

6B

Local Home Address

6C

Zip Code

6D

Foreign Address

6E

Zip Code

7

Date of Birth (MM/DD/YYYY)

02041993

8

Telephone Number

9

Exemption Status

☒ Single

☐ Married

9A

Is the wife claiming the additional exemption for qualified dependent children?

☐ Yes

☐ No

10

Name of Qualified Dependent Children

11

Date of Birth (MM/DD/YYYY)

12

Statutory Minimum Wage rate per day

12

13

Statutory Minimum Wage rate per month

13

14

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

Part IV-B

Details of Compensation Income and Tax Withheld from Present Employer

Amount

A.

NON-TAXABLE/EXEMPT COMPENSATION INCOME

32

Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)

32

0.00

33

Holiday Pay (MWE)

33

0.00

34

Overtime Pay (MWE)

34

0.00

35

Night Shift Differential (MWE)

35

0.00

36

Hazard Pay (MWE)

36

0.00

37

13th Month Pay and Other Benefits

37

18,000.00

38

De Minimis Benefits

38

6,250.02

39

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

39

4,950.00

40

Salaries & Other Forms of Compensation

40

16,800.00

41

Total Non-Taxable/Exempt Compensation Income

41

46,000.02

B.

TAXABLE COMPENSATION INCOME REGULAR

42

Basic Salary

42

117,955.77

43

Representation

43

0.00

44

Transportation

44

0.00

45

Cost of Living Allowance

45

0.00

46

Fixed Housing Allowance

46

0.00

47

Others (Specify)

47A

47A

0.00

47B

47B

0.00

SUPPLEMENTARY

48

Commission

48

0.00

49

Profit Sharing

49

0.00

50

Fees Including Director's Fees

50

0.00

51

Taxable 13th Month Pay and Other Benefits

51

0.00

52

Hazard Pay

52

0.00

53

Overtime Pay

53

103.85

54

Others (Specify)

54A

54A

0.00

54B

54B

0.00

55

Total Taxable Compensation Income

55

118,059.62

Part II

Employer Information (Present)

15

Taxpayer Identification No.

0010758300000

16

Employer's Name

IBM Solutions Delivery, Inc.

17

Registered Address

5/F IBM Plaza No 8 Eastwood City Cyberpark Libis Quezon City

17A

Zip Code

☐ Main Employer

☐ Secondary Employer

Part III

Employer Information (Previous)

18

Taxpayer Identification No.

19

Employer's Name

20

Registered Address

20A

Zip Code

Part IV-A

Summary

21

Gross Compensation Income from Present Employer (Item 41 plus Item 55)

21

164,059.64

22

Less: Total Non-Taxable/ Exempt (Item 41)

22

46,000.02

23

Taxable Compensation Income From Present Employer (Item 55)

23

118,059.62

24

Add: Taxable Compensation Income from Previous Employer

24

0.00

25

Gross Taxable Compensation Income

25

118,059.62

26

Less: Total Exemptions

26

50,000.00

27

Less: Premium Paid on Health and/or Hospital Insurance (If applicable)

27

0.00

28

Net Taxable Compensation Income

28

68,059.62

29

Tax Due

29

8,208.94

30

Amount of Taxes Withheld

30A

Present Employer

30A

8,208.94

30B

Previous Employer

30B

0.00

31

Total Amount of Taxes Withheld As adjusted

31

8,208.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and corrects pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 BRAVO, MARINA D.  
Present Employer/Authorized Agent Signature Over Printed Name  
CONFORME: 57 BARRERA, JOMARI JOSEPH ALTIVO  
CTC No. Employee Signature Over Printed Name  
of Employee Place of Issue

Date Signed 01202014  
Date Signed  
Date of Issue  
Amount Paid

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.  
58  
Present Employer/Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

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 Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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  
59  
Employee Signature over Printed Name