



BIR Form No.

**2316**

September 2021 (ENCS)

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21 ENCS

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

|                                                                                                                                       |  |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| 1 For the Year (YYYY) <input type="text"/>                                                                                            |  | 2 For the Period From (MMDD) <input type="text"/> To (MMDD) <input type="text"/>         |  |
| <b>Part I - Employee Information</b>                                                                                                  |  | <b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b> |  |
| 3 TIN <input type="text"/>                                                                                                            |  | <b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>                                         |  |
| 4 Employee's Name (Last Name, First Name, Middle Name) <input type="text"/>                                                           |  | 5 HDQ Code <input type="text"/>                                                          |  |
| 6 Registered Address <input type="text"/>                                                                                             |  | 6A ZIP Code <input type="text"/>                                                         |  |
| 6B Local Home Address <input type="text"/>                                                                                            |  | 6C ZIP Code <input type="text"/>                                                         |  |
| 6D Foreign Address <input type="text"/>                                                                                               |  | 7 Date of Birth (MMDD/YYYY) <input type="text"/>                                         |  |
| 7 Date of Birth (MMDD/YYYY) <input type="text"/>                                                                                      |  | 8 Contact Number <input type="text"/>                                                    |  |
| 8 Statutory Minimum Wage rate per day <input type="text"/>                                                                            |  | 9 Statutory Minimum Wage rate per month <input type="text"/>                             |  |
| 10 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax <input type="checkbox"/> |  | 11 <input type="checkbox"/>                                                              |  |
| <b>Part II - Employer Information (Present)</b>                                                                                       |  | 12 TIN <input type="text"/>                                                              |  |
| 13 Employer's Name <input type="text"/>                                                                                               |  | 14 Registered Address <input type="text"/>                                               |  |
| 15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer                                |  | 16A ZIP Code <input type="text"/>                                                        |  |
| <b>Part III - Employer Information (Previous)</b>                                                                                     |  | 17 TIN <input type="text"/>                                                              |  |
| 18 Employer's Name <input type="text"/>                                                                                               |  | 19 Registered Address <input type="text"/>                                               |  |
| 20A ZIP Code <input type="text"/>                                                                                                     |  | 20B ZIP Code <input type="text"/>                                                        |  |
| <b>Part IV-A - Summary</b>                                                                                                            |  | <b>B. TAXABLE COMPENSATION INCOME REGULAR</b>                                            |  |
| 21 Gross Compensation Income from Present Employer (Sum of items 36 and 52) <input type="text"/>                                      |  | 22 Basic Salary <input type="text"/>                                                     |  |
| 23 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 20) <input type="text"/>                       |  | 24 Representation <input type="text"/>                                                   |  |
|                                                                                                                                       |  | 25 Transportation <input type="text"/>                                                   |  |
|                                                                                                                                       |  | 26 Cost of Living Allowance (COLA) <input type="text"/>                                  |  |
|                                                                                                                                       |  | 27 Fixed Housing Allowance <input type="text"/>                                          |  |
|                                                                                                                                       |  | 28 Others (specify) <input type="text"/>                                                 |  |
|                                                                                                                                       |  | 29 44A <input type="text"/>                                                              |  |
|                                                                                                                                       |  | 29 44B <input type="text"/>                                                              |  |
|                                                                                                                                       |  | <b>SUPPLEMENTARY</b>                                                                     |  |
|                                                                                                                                       |  | 30 Commission <input type="text"/>                                                       |  |
|                                                                                                                                       |  | 31 Profit Sharing <input type="text"/>                                                   |  |

# Guidelines And Instructions For Bir Form 2316

**JS Bruner**



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