



BIR Form No.  
**2316**  
September 2021(ENCS)

# Certificate of Compensation Payment/Tax Withheld



For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

1 For the Year (YYYY) **2 0 2 3**

2 For the Period From (MM/DD) **0 6 1 3** To (MM/DD) **0 9 0 5**

**Part I - Employee Information**

**Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN **0 0 0 0 0 0 0 0 0 0 0 0**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

4 Employee's Name (Last Name, First Name, Middle Name) **SALUNDAGUIT, LADY WIN SAGA**

29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) **40,146.74**

6 Registered Address **C/O SYKES ASIA, INC.**

30 Holiday Pay (MWE) **0.00**

6B Local Home Address **C/O SYKES ASIA, INC.**

31 Overtime Pay (MWE) **0.00**

6D Foreign Address

32 Night Shift Differential (MWE) **0.00**

7 Date of Birth (MM/DD/YYYY) **0 9 2 1 2 0 0 1**

34 13th Month Pay and Other Benefits (maximum of P90,000) **3,377.95**

9 Statutory Minimum Wage rate per day

35 De Minimis Benefits **5,732.86**

10 Statutory Minimum Wage rate per month

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **3,517.50**

11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

37 Salaries and Other Forms of Compensation **10,091.33**

**Part II - Employer Information (Present)**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **62,866.38**

12 TIN **0 0 5 - 0 5 7 - 1 8 1 - 0 0 0 0**

**B. TAXABLE COMPENSATION INCOME REGULAR**

13 Employer's Name **FOUNDEVER ASIA, INC.**

39 Basic Salary **0.00**

14 Registered Address **10th F. Glorietta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines**

40 Representation **0.00**

15 Type of Employer  Main Employer  Secondary Employer

41 Transportation **0.00**

**Part III - Employer Information (Previous)**

42 Cost of Living Allowance (COLA) **0.00**

16 TIN

43 Fixed Housing Allowance **0.00**

17 Employer's Name

44 Others (specify) **0.00**

18 Registered Address

44B **0.00**

**Part IVA - Summary**

**SUPPLEMENTARY**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **62,866.38**

45 Commission **0.00**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **62,866.38**

46 Profit Sharing **0.00**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **0.00**

47 Fees Including Director's Fees **0.00**

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

48 Taxable 13th Month Benefits **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

49 Hazard Pay **0.00**

24 Tax Due **0.00**

50 Overtime Pay **0.00**

25 Amount of Taxes Withheld **0.00**

51 Others (specify) **0.00**

25A Present Employer **0.00**

51A Salaries and other form of compensation **0.00**

25B Previous Employer, if applicable **0.00**

51B **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **0.00**

27 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Item 26 less Item 27) **0.00**

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/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.

53 **VALDEZ, NOEL D.** Payroll Director  
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:  
54 **SALUNDAGUIT, LADY WIN SAGA**  
Employee Signature over Printed Name

CTC/Valid ID No. of Employee **\_\_\_\_\_** Place of Issue **\_\_\_\_\_** Date Issued **\_\_\_\_\_** 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. 1604-C which has been filed with the Bureau of Internal Revenue.

55 **\_\_\_\_\_**  
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 Return (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.

56 **\_\_\_\_\_**  
Employee Signature over Printed Name

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)