



BIR Form No. <h1 style="margin:0;">2316</h1> January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the year (YYYY) 2 0 2 4	2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 1 0 5																						
Part I - Employee Information																							
3 TIN 6 2 9 - 5 7 4 - 4 5 1 - 0 0 0	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer																						
4 Employee's Name (Last Name, First Name, Middle Name) CATAYTAY, ANGELIE JOY, TORINO	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME																						
5 RDO Code 1 2 3	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">28 Holiday Pay (MWE)</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">29 Overtime Pay (MWE)</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">30 Night Shift Differential (MWE)</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">31 Hazard Pay (MWE)</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">32 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right; padding: 2px;">47.89</td> </tr> <tr> <td style="padding: 2px;">33 De Minimis Benefits</td> <td style="text-align: right; padding: 2px;">43.68</td> </tr> <tr> <td style="padding: 2px;">34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">35 Salaries and Other Forms of Compensation</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;">36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td> <td style="text-align: right; padding: 2px;">91.57</td> </tr> </tbody> </table>	Amount		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00	28 Holiday Pay (MWE)	0.00	29 Overtime Pay (MWE)	0.00	30 Night Shift Differential (MWE)	0.00	31 Hazard Pay (MWE)	0.00	32 13th Month Pay and Other Benefits (maximum of P90,000)	47.89	33 De Minimis Benefits	43.68	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	0.00	35 Salaries and Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	91.57
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6 Registered Address 	6A Zip Code 																						
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6D Foreign Address 	B. TAXABLE COMPENSATION INCOME REGULAR																						
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10 Statutory Minimum Wage rate per month 	Part II - Employer Information (Present)																						
11 <input type="checkbox"/> Minimum Wage Earner(MWE) whose compensation is exempt from withholding tax and not subject to income tax	12 TIN 2 4 4 - 9 6 3 - 8 7 6 - 0 0 0																						
13 Employer's Name QUALFON PHILS. INC. CEBU	14 Registered Address Skyrise 3, Qualfon Building, Asiatown IT Park, Lahug																						
14A Zip Code 6 0 0 0	15 Type of Employee <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer																						
Part III - Employer Information (Previous)	16 TIN 																						
17 Employer's Name 	18 Registered Address 																						
18A Zip Code 	Part IVA - Summary																						
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 771.73	19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 771.73																						
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 91.57	20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 91.57																						
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 680.16	21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 680.16																						
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00																						
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 680.16	23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 680.16																						
24 Tax Due 0.00	24 Tax Due 0.00																						
25 Amount of Taxes Withheld 25A Present Employer 0.00	25 Amount of Taxes Withheld 25A Present Employer 0.00																						
25B Previous Employer, if applicable 0.00	25B Previous Employer, if applicable 0.00																						
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00	26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 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.

51 <u>METHYL TAER</u> Present Employer/ Authorized Agent Signature over Printed Name	Date Signed 0 5 0 3 2 0 2 4
CONFORME: 52 <u>CATAYTAY, ANGELIE JOY, TORINO</u> Employee Signature over Printed Name	Date Signed
C/Valid ID No. Place of issue 	Date of Issue Amount Paid, if CTC

To be accomplished under substituted filing

53 _____ 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 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
54 _____ Employee Signature over Printed Name	

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