For BIR BCS Use Only Item

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

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

Certificate of Compensation Payment/Tax Withheld

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): 2024

2 For the Period From (MM/DD): 01 To (MM/DD): 18

Part I - Employee Information

3 TIN: - -

4 Employee's Name (Last Name, First Name, Middle Name): Codera, Ma. Donna Ancero

5 RDO Code: 081

6 Registered Address: H. Abellana , Mandaue City , Cebu

6A ZIP Code:

6B Local Home Address:

6C ZIP Code:

6D Foreign Address:

7 Date of Birth (MM/DD/YYYY): 02 01 2002

8 Contact Number:

9 Statutory Minimum Wage rate per day: 0.00

10 Statutory Minimum Wage rate per month: 0.00

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

Part II - Employer Information (Present)

12 TIN: 006 - 648 - 340 - 0000

13 Employer's Name: EPERFORMAX CONTACT CENTERS (CEBU) CORP

14 Registered Address: JY SQUARE IT CENTERS 1 & 3 LAHUG CEBU CITY

14A ZIP Code: 6000

15 Type of Employer: [X] Main Employer [ ] 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 38 and 52)	7,328.83
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	1,144.00
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	6,184.83
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income (Sum of Items 21 and 22)	6,184.83
24	Tax Due	0.00
25	Amount of Taxes Withheld	
	25A Present Employer	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
27	5% Tax Credit (PERA Act of 2008)	0.00
28	Total Taxes Withheld (Item 26 less Item 27)	0.00

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

	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29	Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30	Holiday Pay (MWE)	0.00
31	Overtime Pay (MWE)	0.00
32	Night Shift Differential (MWE)	0.00
33	Hazard Pay (MWE)	0.00
34	13th Month Pay and Other Benefits (maximum of P90,000)	0.00
35	De Minimis Benefits	0.00
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	1,144.00
37	Salaries and Other Forms of Compensation	0.00
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	1,144.00
	B. TAXABLE COMPENSATION INCOME REGULAR	
39	Basic Salary	5,786.00
40	Representation	0.00
41	Transportation	0.00
42	Cost of Living Allowance (COLA)	0.00
43	Fixed Housing Allowance	0.00
44	Others (specify)	
44A	Night Diff and Premiums	398.83
44B		0.00
	SUPPLEMENTARY	
45	Commission	0.00
46	Profit Sharing	0.00
47	Fees Including Director's Fees	0.00
48	Taxable 13th Month Benefits	0.00
49	Hazard Pay	0.00
50	Overtime Pay	0.00
51	Others (specify)	
51A		0.00
51B		0.00
52	Total Taxable Compensation Income (Sum of Items 39 to 51B)	6,184.83

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 Nezabette C. Ralleca
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

54 Codera, Ma. Donna Ancero
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No of Employee: Place of Issue:

Date Signed

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 (no due refund for excess 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 this BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to Revenue Regulations (RR) No. 3-2002, as amended.

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Employee Signature over Printed Name

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

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