



BIR Form No.
2316

September 2021(ENC5)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 3/2 ENC5

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/YY) 0 1 0 1 To (MM/YY) 0 2 1 4
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Part I - Employee Information

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

4 Employee's Name (Last Name, First Name, Middle Name) **TORREFIEL, RONEL ESTARIJA**

5 RDO Code

6 Registered Address **Visacion St. Sambag 2, Cebu City Cebu**

6A ZIP Code

6B Local Home Address **Visacion St. Sambag 2, Cebu City Cebu**

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 3 3 1 2 0 0 1**

8 Contact Number

8 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

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	31,476.29
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 P50,000)	7,164.14
35 De Minimis Benefits	14,357.14
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	2,966.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	55,963.57

Part II - Employer Information (Present)

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

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

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

14A ZIP Code **1 2 2 4**

16 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	0.00
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	0.00
44B	0.00

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

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 Salaries and other form of compensation	0.00
51B	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	55,963.57
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	55,963.57
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52)	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)	0.00
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 (Sum of Items 26 and 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 **PORTULA, RONALD PONTERRADA** / Director TT - Tax Compliance
Present Employer's Authorized Agent Signature over Printed Name

Date Signed **0 1 3 1 2 0 2 4**

CONFORME:

54 **TORREFIEL, RONEL ESTARIJA**
Employee Signature over Printed Name

Date Signed

Amount paid, if CTC

CTC/Valid ID No. of Employee

Place of Issue

Date Issued

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1004-C which has been filed with the Bureau of Internal Revenue.

55 Present Employer's 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 gross 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. 1004-C filed by my employer to the BIR shall contribute to my income taxation; 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)

CERTIFICATE OF EMPLOYMENT

This is to certify that **Mr. Ronel E. Torrefiel** was employed by Foundever Asia, Inc. (formerly Sykes Asia, Inc.) from **November 16, 2023 February 15, 2024** as **Customer Service Representative**.

He received an annual compensation package of **PHP251,042.24** plus other incentives and benefits.

This certification is being issued upon His request for **whatever legal purpose it may serve**.

Issued on **June 25, 2024**



Cherrlyne S. Daez
HR Shared Services, Sr. HR Manager

This is a computer generated document thus shall be considered valid for all purposes and shall have the same force and effect as an original document, and that any electronic signatures appearing on this document is the same as handwritten signature for the purposes of validity, enforceability, and admissibility.