



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENC5)

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 01** To (MM/DD) **07 01**

Part I Employee Information

3 Taxpayer Identification No. **636 004 315 000**

4 Employee's Name (Last Name, First Name, Middle Name) **VELEZ, CARISSA FE S.** 5 RDO Code **081**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

9 Exemption Status
 Single Married
 9A Is the wife claiming the additional exemption for qualified dependent children?
 Yes No

10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day 12

13 Statutory Minimum Wage rate per month 13

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

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

Amount		
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	
33	Holiday Pay (MWE)	
34	Overtime Pay (MWE)	
35	Night Shift Differential (MWE)	
36	Hazard Pay (MWE)	
37	13th Month Pay and Other Benefits	6,571.86
38	De Minimis Benefits	7,258.44
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	6,635.00
40	Salaries & Other Forms of Compensation	
41	Total Non-Taxable/Exempt Compensation Income	20,465.30

Part II Employer Information (Present)

15 Taxpayer Identification No. **402 611 035 000**

16 Employer's Name **SUPPORTING ENTERPRISES INC.**

17 Registered Address 17A Zip Code **6000**

Main Employer Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

B. TAXABLE COMPENSATION INCOME REGULAR		
42	Basic Salary	78,862.27
43	Representation	
44	Transportation	
45	Cost of Living Allowance	
46	Fixed Housing Allowance	
47	Others (Specify)	
47A		0.00
47B		

Part IV-A Summary

21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	99,327.57
22	Less: Total Non-Taxable/Exempt (Item 41)	20,465.30
23	Taxable Compensation Income from Present Employer (Item 55)	78,862.27
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	78,862.27
26	Less: Total Exemptions	
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	6,635.00
28	Net Taxable Compensation Income	72,227.27
29	Tax Due	0.00
30A	Amount of Taxes Withheld Present Employer	0.00
30B	Previous Employer	
31	Total Amount of Taxes Withheld As adjusted	0.00

SUPPLEMENTARY		
48	Commission	
49	Profit Sharing	
50	Fees Including Director's Fees	
51	Taxable 13th Month Pay and Other Benefits	0.00
52	Hazard Pay	
53	Overtime Pay	
54	Others (Specify)	
54A		
54B		
55	Total Taxable Compensation Income	78,862.27

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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.

56 **FRANCIS CUE**
Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed _____

CONFORME:
57 **Carissa Fe S. Velez**
Employee Signature Over Printed Name
Date Signed _____

CTC No. _____ Place of Issue _____ Date of Issue _____ Amount Paid _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

58 **FRANCIS CUE**
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 Returns (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. 1604CF 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 R.R. No. 3-2002, as amended.

59 **Carissa Fe S. Velez**
Employee Signature Over Printed Name