



BIR Form No.
2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21/ENCS

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) 06 14
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Part I - Employee Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN 748 - 983 - 002 - 000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount
4 Employee's Name (Last Name, First Name, Middle Name) PINO, JESSA MAE CORSIGA	5 RDO Code 126
6 Registered Address	6A Zip Code
6B Local Home Address	6C Zip Code
6D Foreign Address	30 Holiday Pay (MWE)
7 Date of Birth (MM/DD/YYYY) 12/25/1994	8 Contact Number
9 Statutory Minimum Wage rate per day	31 Overtime Pay (MWE)
10 Statutory Minimum Wage rate per month	32 Night Shift Differential (MSF)
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	33 Hazard Pay (MWE)
Part II - Employer Information (Present)	34 13th Month Pay and Other Benefits (maximum of P90,000) 4,074.71
12 TIN 008 - 028 - 126 - 000	35 De Minimis Benefits 26,812.08
13 Employer's Name IBEX GLOBAL SOLUTIONS (PHILIPPINES) INC.	36 SSS, GSIS, PHIC & Pag-ibig Contributions, and Union Dues (Employee share only) 5,842.50
14 Registered Address Unit 301 Silver City Bldg., Tienditas Frontera Verde, Ugong, Pasig City	37 Salaries & Other Forms of Compensation 0.00
14A Zip Code 1604	38 Total Non-Taxable/Exempt Compensation Income /Sum of Items 29 to 37 88,803.98
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	B. TAXABLE COMPENSATION INCOME REGULAR
Part III - Employer Information (Previous)	39 Basic Salary 0.00
16 TIN	40 Representation
17 Employer's Name	41 Transportation
18 Registered Address	42 Cost of Living Allowance (COLA)
18A Zip Code	43 Fixed Housing Allowance
Part IV A - Summary	44 Others (Specify) 44A 44B
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 88,803.98	SUPPLEMENTARY
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 88,803.98	45 Commission
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00	46 Profit Sharing
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	47 Fees Including Director's Fee
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00	48 Taxable 13th Month Pay Benefits 0.00
24 Tax Due 0.00	49 Hazard Pay
25 Amount of Taxes Withheld	50 Overtime Pay
25A Present Employer 0.00	51 Others (Specify) 51A Taxable Allowances & Premium Pays 0.00
25B Previous Employer, if applicable 0.00	51B Salaries & Other Forms of Compensation 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 (Sum of Items 26 and 27) 0.00	

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 <u>Mira C. Ambagan</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed 01 30 2024
54 <u>JESSA MAE C. PINO</u> Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. _____ Place of Issue _____	Date Signed _____ Amount paid, if CTC

<p>To be accomplished under substituted filing</p> <p>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.</p> <p>55 <u>Mira C. Ambagan</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>I declare, under the penalties of perjury that I am qualified under substituted filing of income Tax Return (BIR Form No. 1702), 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. 1702 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.</p> <p>56 <u>JESSA MAE C. PINO</u> Employee Signature over Printed Name</p>
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)