



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

2316 9/21/ENC5

September 2021 (ENC5)

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

|   |  |  |  |
|---|--|--|--|
| 1 For the year (YYYY) <b>2024</b>   |  | 2 For the Period From (MMDD) <b>0101</b> To (MMDD) <b>0120</b>   |  |
| <b>Part I - Employee Information</b><br>3 TIN <b>633-339-442-000</b><br>4 Employer's Name (Last Name, First Name, Middle Name) <b>BAYLOSIS, AXCEL ROSE, VILLARANDA</b> 5 RDO Code <b>123</b><br>6 Registered Address _____ 6A Zip Code _____<br>6B Local Home Address _____ 6C Zip Code _____<br>6D Foreign Address _____<br>7 Date of Birth (MMDD/YYYY) <b>10132004</b> 8 Contact Number _____<br>9 Statutory Minimum Wage rate per day _____<br>10 Statutory Minimum Wage rate per month _____<br>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax   |  | <b>Part I-B Details of Compensation Income and Tax Withheld from Present Employer</b><br>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount<br>29 Basic Salary (including the exempt PRC/DBS & bonus) or the Statutory Minimum Wage of the MWE <b>0.00</b><br>30 Holiday Pay (MWE) <b>0.00</b><br>31 Overtime Pay (MWE) <b>0.00</b><br>32 Night Shift Differential (MWE) <b>0.00</b><br>33 Hazard Pay (MWE) <b>0.00</b><br>34 13th Month Pay and Other Benefits (maximum of P96,000) <b>3.29</b><br>35 De Minimis Benefits <b>0.00</b><br>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>0.00</b><br>37 Salaries and Other Forms of Compensation <b>0.00</b><br>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>3.29</b> |  |
| <b>Part II - Employer Information (Present)</b><br>12 TIN <b>244-963-876-000</b><br>13 Employer's Name <b>QUALIFON PHILS. INC. CEBU</b><br>14 Registered Address <b>Skyrise 3, Qualifon Building, Astorview IT Park, Lahug</b> 14A Zip Code <b>6000</b><br>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer  |  | <b>TAXABLE COMPENSATION INCOME REGULAR</b><br>39 Basic Salary <b>0.00</b><br>40 Representation <b>0.00</b><br>41 Transportation <b>0.00</b><br>42 Cost of Living Allowance (COLA) <b>0.00</b><br>43 Fixed Housing Allowance <b>0.00</b><br>44 Others (Specify) _____<br>44A _____ <b>0.00</b><br>44B _____ <b>0.00</b>   |  |
| <b>Part III - Employer Information (Previous)</b><br>16 TIN _____<br>17 Employer's Name _____<br>18 Registered Address _____ 18A Zip Code _____   |  | <b>SUPPLEMENTARY</b><br>45 Commission <b>0.00</b><br>46 Profit Sharing <b>0.00</b><br>47 Fees including Director's Fees <b>0.00</b><br>48 Taxable 13th Month Benefits <b>0.00</b><br>49 Hazard Pay <b>0.00</b><br>50 Overtime Pay <b>0.00</b><br>51 Others (Specify) _____<br>51A _____ <b>0.00</b><br>51B _____ <b>0.00</b><br>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>0.00</b>  |  |
| <b>Part IVA - Summary</b><br>19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52) <b>3.29</b><br>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>3.29</b><br>21 Taxable Compensation Income from Present Employer (Sum of Items 39 and 52) <b>0.00</b><br>22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b><br>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>0.00</b><br>24 Tax Due <b>0.00</b><br>25 Amount of Taxes Withheld<br>25A Present Employer <b>0.00</b><br>25B Previous Employer, if applicable <b>0.00</b><br>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b><br>27 5% Tax Credit (PERA Act of 2008) <b>0.00</b><br>28 Total Taxes Withheld (Sum of Items 26 and 27) <b>0.00</b> |  |  |  |

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 METHYL TAER Present Employer/ Authorized Agent Signature over Printed Name Date Signed **10012024**

CONFORME: 54 BAYLOSIS, AXCEL ROSE, VILLARANDA Employee Signature over Printed Name Date Signed \_\_\_\_\_ Amount Paid, if CTC \_\_\_\_\_

CTC/field ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Issue \_\_\_\_\_

**To be accomplished under substituted filing**

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 (tax due equals tax withheld); that the BIR Form No. 1804-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.

56 \_\_\_\_\_ Employee Signature over Printed Name