



BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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

1 For the Year (YYYY) **2023**

2 For the Period From (MM/DD) **05 30** To (MM/DD) **12 31**

Part I - Employee Information

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

3 TIN **377 900 879 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ABERGIDO, THERESA MAE QUERVO** 5 RDO Code **081**

6 Registered Address **SITIO MANSANITAS TISA CEBU CITY** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **02 11 2002** 8 Telephone Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount
29	Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	182,006.18
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)	87,015.23
35	De Minimis Benefits	20,726.14
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	7,525.00
37	Salaries and Other Forms of Compensation	0.00
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	297,272.55

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR		Amount
39	Basic Salary	0.00
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Fixed Housing Allowance	
44	Others (Specify)	
44A		0.00
44B		

12 Taxpayer **455 678 169 0000**

13 Employer's Name **SVCPH INC**

14 Registered Address **10F I1 BLDG. CEBU IT PARK APAS CEBU CITY** 14A Zip Code **6000**

15 Type of Employer 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)	297,272.55
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	297,272.55
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	40,288.70
23	Gross Taxable Compensation Income (Sum of Items 21 and 22)	40,288.70
24	Tax Due	0.00
25	Amount of Taxes Withheld	
25A	Present Employer	0.00
25B	Previous Employer	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

SUPPLEMENTARY		Amount
45	Commission	
46	Profit Sharing	
47	Fees Including Director's Fees	
48	Taxable 13th Month Pay Benefits	0.00
49	Hazard Pay	
50	Overtime Pay	
51	Others (Specify)	
51A		
51B		
52	Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

51 **RASELA RAMOS-LERIOS, CPA**
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

52 **THERESA MAE QUERVO ABERGIDO**
Employee Signature Over Printed Name

CTC/Valid ID No. **14057459** Place of Issue **CEBU CITY**

Date Signed **03 / 04 / 2024**

Date Signed **03 / 04 / 2024**

Date of Issue **06-Feb-24** Amount Paid, if CTC **302.00**

To be accomplished under substituted filing

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

53 **RASELA RAMOS-LERIOS, CPA**
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. 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. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 **THERESA MAE QUERVO ABERGIDO**
Employee Signature Over Printed Name

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

Title	BIR 2316 2023_ABERGIDO THERESA MAE QUERVO
File name	Abergido, Theresa.pdf
Document ID	166c3c48700ee0ad490cffd0a1675f06e1bfd64c
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document History



03 / 04 / 2024
14:34:22 UTC+8

Sent for signature to ABERGIDO THERESA MAE QUERVO (tirisami0211@gmail.com) from taxandpayroll_svc@selectvoicecom.com
IP: 203.177.209.54



03 / 04 / 2024
21:14:21 UTC+8

Viewed by ABERGIDO THERESA MAE QUERVO (tirisami0211@gmail.com)
IP: 116.50.150.156



03 / 04 / 2024
21:15:11 UTC+8

Signed by ABERGIDO THERESA MAE QUERVO (tirisami0211@gmail.com)
IP: 116.50.150.156



COMPLETED

03 / 04 / 2024
21:15:11 UTC+8

The document has been completed.