



For BIR: BCS/

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. **2316**
September 2021 (FNCR)
Certificate of Compensation Payment/Tax Withheld
For Compensation Payment With or Without Tax Withheld
2316 (09/21) FNCR-2

1 For the Year (YYYY) **2024**

2 For the Period From (MMDD) **05 15** To (MMDD) **09 30**

3 TIN **623 290 270 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **CATIPAY, JACOB** **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 (MMDD/YYYY) **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

Part I - Employer Information (Present)

12 Taxpayer **009 682 269 0000**

13 Employer's Name **CHANNEL INFO TECH SUPPORT AND CALL CENTER DEV INC.**

14 Registered Address **14A** Zip Code **14/F AYALA CENTER CEBU TOWER BOHOL ST CEBU 6000**

15 Type of Employer Main Employer Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address **18A** Zip Code

Part III - Employer Information (Previous)

19 Gross Compensation Income from Present Employer (Sum of Items 29 and 52) **145,622.24**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **38,366.57**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **107,255.67**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **107,255.67**

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**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

29 Basic Salary (including the exempt P250,000 & below the Statutory Minimum Wage of the MWE) **0.00**

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) **9,587.19**

35 De Minimis Benefits **19,174.38**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **9,605.00**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **38,366.57**

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary **107,255.67**

40 Representation

41 Transportation

42 Cost of Living Allowance (COLA)

43 Fixed Housing Allowance

44 Others (Specify)

44A **0.00**

44B

SUPPLEMENTARY

45 Commission

46 Profit Sharing

47 Fees Including Director's Fee

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) **107,255.67**

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 therefrom. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Policy" of BIR (RA No. 10173) for legitimate and lawful accounts.

51 MELISSA BATIOQUIN
Present Employer Authorized Agent Signature Over Printed Name
Date Signed **1 1 0 7 2 0 2 4**

CONFORME:

52 JACOB CATIPAY
Employee Signature Over Printed Name
Date Signed _____
Amount Paid, if CTC _____
CTC/Valid ID No. of Employee _____ Place of Issue _____ Date of Issue _____

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 in the Bureau of Internal Revenue.

53 MELISSA BATIOQUIN
Present Employer Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resources 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 ample 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 JACOB CATIPAY
Employee Signature Over Printed Name

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