



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

2316 01/18ENC5

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) **0101** To (MM/DD) **0607**

**Part I - Employee Information**

3 TIN **614-320-433-000**

4 Employee's Name (Last Name, First Name, Middle Name) **CARUNGAY, SHAYNE MAE, CARAO** 5 RDO Code **123**

6 Registered Address \_\_\_\_\_ 6A Zip Code \_\_\_\_\_

6B Local Home Address \_\_\_\_\_ 6C Zip Code \_\_\_\_\_

6D Foreign Address \_\_\_\_\_

7 Date of Birth (MMDD/YYYY) **10122003** 8 Contact Number \_\_\_\_\_

9 Statutory Minimum Wage rate per day \_\_\_\_\_

10 Statutory Minimum Wage rate per month \_\_\_\_\_

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

**Part II - Employer Information (Present)**

12 TIN **244-963-876-000**

13 Employer's Name **QUALFON PHILS. INC. CEBU**

14 Registered Address **Skyrise 3, Qualfon Building, Asiatown IT Park, Lahug** 14A Zip Code **6000**

15 Type of Employee  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 36 and 50) **123,754.43**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **34,430.76**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **89,323.67**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **89,323.67**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer, if applicable **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME** Amount

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

28 Holiday Pay (MWE) **0.00**

29 Overtime Pay (MWE) **0.00**

30 Night Shift Differential (MWE) **0.00**

31 Hazard Pay (MWE) **0.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **16,864.40**

33 De Minimis Benefits **12,118.64**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **5,447.72**

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

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **34,430.76**

**B. TAXABLE COMPENSATION INCOME REGULAR**

37 Basic Salary **69,793.96**

38 Representation **0.00**

39 Transportation **2,270.69**

40 Cost of Living Allowance (COLA) **0.00**

41 Fixed Housing Allowance **0.00**

42 Others (Specify)

42A **OA BIR** **5,300.00**

42B **0.00**

**SUPPLEMENTARY**

43 Commission **0.00**

44 Profit Sharing **0.00**

45 Fees Including Director's Fees **0.00**

46 Taxable 13th Month Benefits **0.00**

47 Hazard Pay **0.00**

48 Overtime Pay **11,959.02**

49 Others (Specify)

49A **0.00**

49B **0.00**

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **89,323.67**

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.

51 **METHY TAER** Date Signed **07092024**  
Present Employer Authorized Agent Signature over Printed Name

CONFORME: 52 **CARUNGAY, SHAYNE MAE, CARAO** Date Signed **07122024**  
Employee Signature over Printed Name

C/Valid ID No. \_\_\_\_\_ Place of Issue **CEBU CITY** Date of Issue \_\_\_\_\_ Amount Paid, if CTC \_\_\_\_\_

53 \_\_\_\_\_  
Present Employer Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 **SHAYNE MAE CARUNGAY**  
Employee Signature over Printed Name