



BIR Form No. 2316 September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld



2316-09/21-ENCS

For the Year (YYYY) 2023 For the Period From (MM/DD) 07 10 To (MM/DD) 12 31

Part I - Employee Information: TIN 633 558 771 0000, Employee Name ARGALLON, ALLYZA ERIN MAYOL, Registered Address TALAMBAN CEBU CITY, Date of Birth 09 15 2003, Telephone Number, Statutory Minimum Wage rate per day 0.00, Statutory Minimum Wage rate per month 0.00.

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer. Table with columns: Item, Description, Amount. Includes items 29-37 and 38 Total Non-Taxable/Exempt Compensation Income (82,554.54).

Part II - Employer Information (Present): Taxpayer 445 528 837 0000, Employer Name GLOBAL EMPIRE BPO CORPORATION, Registered Address 7TH FLOOR THE SPACE A.S. FORTUNA ST CORNER 6014, Type of Employer Main Employer.

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer (continued). Table with columns: Item, Description, Amount. Includes items 39-44 and 45-52 Total Taxable Compensation Income (0.00).

Part III - Employer Information (Previous): TIN, Employer Name, Registered Address, 18A Zip Code.

Part IVA - Summary: Table with columns: Item, Description, Amount. Includes items 19-28 Total Taxes Withheld (sum of items 26 and 27) 0.00.

SUPPLEMENTARY: Table with columns: Item, Description, Amount. Includes items 45-52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 0.00.

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, 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 Present Employer/ Authorized Agent Signature Over Printed Name MARY ROSE VELASCO, Date Signed, CONFORME: 52 ALLYZA ERIN MAYOL ARGALLON Employee Signature Over Printed Name, Date Signed, CTC/Valid ID No. of Employee, Place of Issue, Date of Issue, Amount Paid, if CTC.

To be accomplished under substituted filing

53 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) MARY ROSE VELASCO

54 ALLYZA ERIN MAYOL ARGALLON Employee Signature Over Printed Name

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