



For BIR Use Only BCS/ Item:

BIR Form No. 2316 September 2021 (ENCS)	Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld	 2316 09/21 ENCS
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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) 0628
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Part I - Employee Information 3 TIN 716 - 770 - 840 - 000 4 Employee's Name (Last Name, First Name, Middle Name) AQUINO, ALFRED OYANGOREN 5RDO Code 039 6 Registered Address 51K DR. KINTANAR STREET, BRGY. CANBANUA, 6A Zip Code 6B Local Home Address 6C Zip Code 6D Foreign Address 7 Date of Birth (MM/DD/YYYY) 11 12 1989 8 Contact Number 9 Statutory Minimum Wage rate per day 0.00 10 Statutory Minimum Wage rate per month 0.00 11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount 29 Basic Salary (including the exempt P250.00 & below or the Statutory Minimum Wage of the MWE) 106,713.22 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) 14,019.12 35 De Minimis Benefits 10,234.14 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 9,425.00 37 Salaries & Other Forms of Compensation 0.00 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 140,391.48
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Part II - Employer Information (Present) 12 TIN 009 - 282 - 723 - 13 Employer's Name 24-7 INTOUCH PH INC. 14 Registered Address UP TOWN CENTER PHASE II, 3/F CORPORATE T 14A Zip Code 1101 15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	B. TAXABLE COMPENSATION INCOME REGULAR 39 Basic Salary 0.00 40 Representation 0.00 41 Transportation 0.00 42 Cost of Living Allowance (COLA) 0.00 43 Fixed Housing Allowance 0.00 44 Others (specify) 44A 0.00 44B 0.00
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Part III - Employer Information (Previous) 16 TIN 17 Employer's Name 18 Registered Address 18A Zip Code 	SUPPLEMENTARY 45 Commission 0.00 46 Profit Sharing 0.00 47 Fees Including Director's Fees 0.00 48 Taxable 13th Month Benefits 0.00 49 Hazard Pay 0.00 50 Overtime Pay 0.00 51 Others (specify) 51A 0.00 51B 0.00
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Part IVA - Summary 19 Gross Computation Income from Present Employer (Sum of Items 38 and 52) 140,391.48 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 140,391.48 21 Taxable Compensation from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00 22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00 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 27 5% Tax Credit (PERA Act of 2008) 0.00 28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 0.00
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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 <u>ERIC P. PARAGAS</u> Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: 54 <u>AQUINO, ALFRED OYANGOREN</u> Employee Signature Over Printed Name CTC/Valid ID No. of Employee SSS-3471493421 Place of Issue 	Date Signed Date Signed Date Issued 0 0 0 Amount Paid, if CTC 0.00
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I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue. 55 <u>ERIC P. PARAGAS</u> Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resou	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. 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. 56 <u>AQUINO, ALFRED OYANGOREN</u> Employee Signature Over Printed Name
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