



BIR Form No.
2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21/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) 10/30 To (MM/DD) 12/31	
3 TIN 494 033 097 000		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) Flores, Cindy Dagasuhan		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 098		Amount	
6 Registered Address Purok 4 Poblacion 3, Villanueva		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6A ZIP Code 9002		30 Holiday Pay (MWE)	
6B ZIP Code		31 Overtime Pay (MWE)	
6C ZIP Code		32 Night Shift Differential (MWE)	
6D ZIP Code		33 Hazard Pay (MWE)	
7 Date of Birth (MM/DD/YYYY) 8/4/1992		34 13th Month Pay and Other Benefits (maximum of P90,000) 2,440.61	
8 Contact Number 09205917428		35 De Minimis Benefits 3,096.77	
9 Statutory Minimum Wage rate per day		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 1,687.86	
10 Statutory Minimum Wage rate per month		37 Salaries and Other Forms of Compensation 0.00	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37) 7,225.24	
12 TIN 008 399 094 0000		B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name UBIQUITY GLOBAL SERVICES PHILIPPINES INC		39 Basic Salary 20,367.78	
14 Registered Address 10/F Bench Tower, 30Th Street Corner Rizal Drive, Bonifacio Global City, Taguig		40 Representation	
14A ZIP Code 1630		41 Transportation	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Cost of Living Allowance (COLA)	
16 TIN 0000		43 Fixed Housing Allowance	
17 Employer's Name		44 Others (specify)	
18 Registered Address		44A Other Taxable Income 1,620.26	
18A ZIP Code		44B	
Part III - Employer Information (Previous)			
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of items 38 and 52)	29,213.28	45 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38)	7,225.24	46 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52)	21,988.04	47 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	48 Taxable 13th Month Benefits	0.00
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	21,988.04	49 Hazard Pay	
24 Tax Due	0.00	50 Overtime Pay	
25 Amount of Taxes Withheld	0.00	51 Others (specify)	
25A Present Employer	0.00	51A	
25B Previous Employer, if applicable	0.00	51B	
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	0.00	52 Total Taxable Compensation Income (Sum of items 39 to 51B)	21,988.04
27 5% Tax Credit (PERA Act of 2008)	0.00		
28 Total Taxes Withheld (Sum of items 26 and 27)	0.00		

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 Present Employer/Authorized Agent Signature over Printed Name **MARY ROSE GONZALES** Date Signed _____

CONFORME: **Flores, Cindy Dagasuhan** Date Signed **02262024**

54 Employee Signature over Printed Name _____ Date Issued **09202023** Amount paid, if CTC **PCO**

CTC/Valid ID No. of Employee **25113292** Place of Issue **VILLA. MIS. DR.**

To be accomplished under substituted filing

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 Present Employer/Authorized Agent Signature over Printed Name **MARY ROSE GONZALES**

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 Present Employer/Authorized Agent Signature over Printed Name **Flores, Cindy Dagasuhan**