



2316

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 (2021) (ENC5)

1 For the Year (YYYY) 2023

2 For the Period From (MM/DD) 1 2 0 6 To (MM/DD) 1 2 3 1

Part I - Employee Information

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

3 TIN 1 1 0 - 0 0 0 - 0 1 1 - 0 0 0 0
4 Employee's Name (Last Name, First Name, Middle Name) BELZA, NICOLAINE LAPOT
5 RDO Code 080
6 Registered Address SITIO LARIHA, KALUNASAN, CEBU CITY
6A ZIP Code 0
6B Local Home Address
6C ZIP Code
6D Foreign Address
7 Date of Birth (MM/DD/YYYY) 0 3 1 9 2 0 0 1
8 Contact Number 0
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

Table with 2 columns: Item Description and Amount. Includes rows for Non-Taxable/Exempt Compensation Income (Basic Salary, Holiday Pay, Overtime Pay, etc.) and Taxable Compensation Income Regular (Basic Salary, Representation, etc.).

Part II - Employer Information (Present)

12 TIN 2 2 6 - 5 2 7 - 9 1 5 - 0 0 0 0
13 Employer's Name METRO RETAIL STORES GROUP INC
14 Registered Address MICAL BLDG COR CD WO SENO ST BRGY GUIZO NRA MANDAUE CITY CEBU
14A ZIP Code 6014
15 Type of Employer Main Employer Secondary Employer

Table with 2 columns: Item Description and Amount. Includes rows for Taxable Compensation Income Regular (Basic Salary, Representation, Transportation, etc.) and Supplementary items (Commission, Profit Sharing, Fees, etc.).

Part III - Employer Information (Previous)

16 TIN
17 Employer's Name
18 Registered Address
18A ZIP Code

Part IVA - Summary

Summary table with 2 columns: Description and Amount. Includes rows for Gross Compensation Income from Present Employer (10,223.66), Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (10,223.66), Taxable Compensation Income from Present Employer (0.00), etc.

Table with 2 columns: Item Description and Amount. Includes rows for Supplementary items (Commission, Profit Sharing, Fees, etc.) and Total Taxable Compensation Income (0.00).

I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by me (s), and to the best of my/our knowledge and belief, as 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's Authorized Agent Signature over Printed Name JOSELITO D. ORENSE
54 Employee Signature over Printed Name BELZA, NICOLAINE LAPOT
55 Valid ID No. of Employee SSS 3509576472
56 Place of Issue

Date Signed
Date Signed
Date Issued
Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 2316, which has been filed with the Bureau of Internal Revenue.

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 or income from only one employer in the calendar year that I have been provided with the information herein stated.