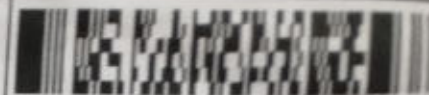


2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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) **01 01** To (MM/DD) **04 29**

Part I - Employee Information

3 TIN **771 736 234 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **CABRILES, JACQUELINE SABELLANO** 5 RDO Code **082**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

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

Part II - Employer Information (Present)

12 Taxpayer **009 681 162 0000**

13 Employer's Name **IRESPONSE BUSINESS SOLUTIONS INC**

14 Registered Address **UNIT 303 H2N BLDG 2 R OCAMPO DRIVE WHITE** 14A Zip Code **6000**

15 Type of Employer 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) **50,975.83**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **50,975.83**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **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 **0.00**

25A Present Employer **0.00**

25B Previous Employer **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 & of the Statutory Minimum Wage of the MWE)	37,765.71
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)	3,407.98
33 De Minimis Benefits	4,000.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	3,130.00
35 Salaries & Other Forms of Compensation	2,672.15
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	50,975.83

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	0.00
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	
42B	0.00

SUPPLEMENTARY

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits	
47 Hazard Pay	0.00
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	0.00

I/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, 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 **MIL GREGORY S. SIPALAY**
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME: Date Signed **0 5 2 1 5 2 1 0 2 8**

52 **JACQUELINE SABELLANO CABRILES**
Employee Signature Over Printed Name

CTC/Valid ID N of Employee _____ Place of Issue _____ Date Signed _____ Date of Issue _____

Amount Paid, if CTC

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

53 **MIL GREGORY S. SIPALAY**
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (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 No. 18-00, Series of 2018.