



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

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) 01 01 To (MM/DD) 12 21

Part I - Employee Information

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

3 TIN 326 500 668 0000

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) Garcia, Abigail Grace Abellanosa 5 RDO Code 081

Amount

6 Registered Address 6A Zip Code

29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 127,486.61

6B Local Home Address 6C Zip Code

30 Holiday Pay (MWE) 0.00

6D Foreign Address 6E Zip Code

31 Overtime Pay (MWE) 0.00

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

32 Night Shift Differential (MWE) 0.00

9 Statutory Minimum Wage rate per day 0.00 10 Statutory Minimum Wage rate per month 0.00

33 Hazard Pay (MWE) 0.00

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

34 13th Month Pay and Other Benefits (maximum of P90,000) 11,775.13

35 De Minimis Benefits 0.00

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 13,815.00

37 Salaries and Other Forms of Compensation 24,021.77

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 177,098.51

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 Taxpayer 008 845 846 0000

39 Basic Salary 0.00

13 Employer's Name CITIUS SOLUTIONS CORPORATION

40 Representation

14 Registered Address 8F SKYRISE 3 BUILDING CEBU IT PARK APAS CEBU 14A Zip Code 6000

41 Transportation

15 Type of Employer Main Employer Secondary Employer

42 Cost of Living Allowance (COLA)

Part III - Employer Information (Previous)

43 Fixed Housing Allowance

16 TIN

44 Others (Specify) 44A 0.00 44B

17 Employer's Name

45 Commission

18 Registered Address 18A Zip Code

46 Profit Sharing

Part IVA - Summary

SUPPLEMENTARY

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 177,098.51

47 Fees Including Director's Fees

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 177,098.51

48 Taxable 13th Month Pay Benefits 0.00

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00

49 Hazard Pay

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

50 Overtime Pay

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00

51 Others (Specify) 51A 51B

24 Tax Due 0.00

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 0.00

25 Amount of Taxes Withheld 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

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 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 2011" (R.A. No. 10173) for legitimate and lawful purposes.

51 JADE S. CASAYAS Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

52 Abigail Grace Abellanosa Garcia 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

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.

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 (RR) No. 3-2002, as amended.

53 JADE S. CASAYAS Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 Abigail Grace Abellanosa Garcia Employee Signature Over Printed Name

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