



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) 2,0,2,3

2 For the Period From (MM/DD) 0,1,0,1 To (MM/DD) 0,8,1,4

Part I - Employee Information
3 TIN 5,1,5,1,6,7,8,1,2,0,0,0
4 Employee's Name (Last Name, First Name, Middle Name) Zabate, Justine
5 RDO Code 0,4,3,A
6 Registered Address
6A Zip Code
6B Local Home Address East Sabbellano St Poblacion Pardo Cebu City
6C Zip Code
6D Foreign Address
6E Zip Code
7 Date of Birth (MM/DD/YYYY) 0,2,0,9,2,0,0,2
8 Telephone Number
9 Statutory Minimum Wage rate per day
10 Statutory Minimum Wage rate per month
11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
29 Basic Salary (including the exempt P250,000 & bel or the Statutory Minimum Wage of the MWE) 0.00
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) 0.00
35 De Minimis Benefits 0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 6,822.50
37 Salaries and Other Forms of Compensation 0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 6,822.50

Part II - Employer Information (Present)
12 Taxpayer 0,0,7,4,1,8,3,4,9,0,0,1
13 Employer's Name FUSION BPO SERVICES PHILS INC
14 Registered Address UNIT 601-602 THE ORIENT SQUARE BLDG F ORTIGAS JR ROAD ORTIGAS CTR PASIG CITY
14A Zip Code 1,6,0,5
15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR
39 Basic Salary 67,613.96
40 Representation
41 Transportation
42 Cost of Living Allowance (COLA) 0.00
43 Fixed Housing Allowance
44 Others (Specify)
44A 0.00
44B

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
47 Fees Including Director's Fees
48 Taxable 13th Month Pay Benefits 0.00
49 Hazard Pay 0.00
50 Overtime Pay 25,996.98
51 Others (Specify)
51A
51B

Part IVA - Summary
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 100,433.44
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 6,822.50
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 93,610.94
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 93,610.94
24 Tax Due 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

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 93,610.94

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 MICHELLE FEROLIN Present Employer/ Authorized Agent Signature Over Printed Name
CONFORME:
52 JUSTINE ZABATE Employee Signature Over Printed Name
CTC/Valid ID No. of Employee Place of Issue

Date Signed
Date Signed
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.
53 MICHELLE FEROLIN 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 (RR) No. 3-2002, as amended.
54 JUSTINE ZABATE Employee Signature Over Printed Name

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