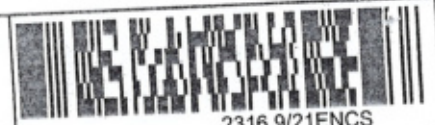




For BIR BCS/
Use Only Item:

BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**
For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

September 2021 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the year (YYYY) **2025**

2 For the Period From (MM/DD) **0101** To (MM/DD) **0105**

Part I - Employee Information

3 TIN **349-377-209 000**

4 Employee's Name (Last Name, First Name, Middle Name) **MONTER, SHYRA MAE, REQUIRME** 5 RDO Code **123**

6 Registered Address _____ 6A Zip Code _____

6B Local Home Address _____ 6C Zip Code _____

6D Foreign Address _____

7 Date of Birth (MM/DD/YYYY) **12051998** 8 Contact Number _____

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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) 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)	4,149.43
35 De Minimis Benefits	186.21
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	0.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	4,335.64

Part II - Employer Information (Present)

12 TIN **244-963-876 000**

13 Employer's Name **QUALFON PHILS. INC. CEBU**

14 Registered Address **Skyrise 3, Qualfon Building, Asiatown IT Park, Lahug** 14A Zip Code **6000**

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR	Amount
39 Basic Salary	1,882.74
40 Representation	0.00
41 Transportation	62.07
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (Specify)	
44A _____	0.00
44B _____	0.00

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	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (Specify)	
51A _____	0.00
51B _____	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	1,944.81

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	6,280.45
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	4,335.64
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	1,944.81
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	1,944.81
24 Tax Due	0.00
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer, if applicable	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 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 METHYL TAER
Present Employer/ Authorized Agent Signature over Printed Name

Date Signed **01282025**

CONFORME:
54 MONTER, SHYRA MAE, REQUIRME

Date Signed _____

Employee Signature over Printed Name

Amount Paid, if CTC

CTC/Valid ID No. _____ Place of _____