



Certificate of Compensation Payment/Tax Withheld



BIR Form No.
2316

September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9-21 ENCS

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

1 For the Year (YYYY) <u>2 0 2 4</u>		2 For the Period From (MMDD) <u>0 1 0 1</u> To (MMDD) <u>1 1 0 5</u>	
Part I - Employee Information			
3 TIN <u>6 1 5 - 6 2 0 - 7 4 8 -</u>		5 HDO Code <u>1 2 6</u>	
4 Employee's Name (Last Name, First Name, Middle Name) BAYLOSIS, KRIS ORENCIO		6A ZIP Code	
6 Registered Address		6B Local Home Address	
6D Foreign Address		6C ZIP Code	
7 Date of Birth (MMDD/YYYY) <u>0 6 2 1 1 9 9 9</u>		8 Contact Number	
9 Statutory Minimum Wage rate per day <u>501.00</u>		10 Statutory Minimum Wage rate per month	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
Part II - Employer Information (Present)			
12 TIN <u>0 0 4 - 6 3 9 - 7 4 4 - 0 0 0</u>		13 Employer's Name TELEPHILIPPINES, INC	
14 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City		14A ZIP Code <u>6 0 0 0</u>	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> 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 39 and 52)		<u>252,472.41</u>	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		<u>73,466.23</u>	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		<u>179,006.18</u>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		<u>0.00</u>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		<u>179,006.18</u>	
24 Tax Due		<u>0.00</u>	
25 Amount of Taxes Withheld		<u>0.00</u>	
25A Present Employer		<u>0.00</u>	
25B Previous Employer, if applicable		<u>0.00</u>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		<u>0.00</u>	
27 5% Tax Credit (PERA Act of 2008)		<u>0.00</u>	
28 Total Taxes Withheld (Item 26 less Item 27)		<u>0.00</u>	

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)		47,237.69
35 De Minimis Benefits		0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		16,285.00
37 Salaries and Other Forms of Compensation		9,943.54
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)		73,466.23
B. TAXABLE COMPENSATION INCOME REGULAR		
39 Basic Salary		127,959.29
40 Representation		0.00
41 Transportation		0.00
42 Cost of Living Allowance (COLA)		0.00
43 Fixed Housing Allowance		0.00
44 Others (specify)		
44A Allowances		17,806.14
44B		0.00
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		33,240.75
51 Others (specify)		
51A Bonuses and Incentives		0.00
51B Retirement Benefits		0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)		179,006.18

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 Present Employer/Authorized Agent Signature over Printed Name _____ KRIS ORENCIO BAYLOSIS	Date Signed <u>0 1 3 1 2 0 2 5</u>
54 Employee Signature over Printed Name _____ _____	Date Signed _____ Date Issued _____
CTC/Valid ID No. of Employee _____ Place of Issue _____	Amount paid, if CTC _____

To be accomplished under substituted filing

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) _____	56 Employee Signature over Printed Name _____
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)