



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)	2025	2 For the Period From (MM/DD)	0101	To (MM/DD)	1231
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Part I - Employee Information

3 TIN	319 - 458 - 379 - 000
4 Employee's Name (Last Name, First Name, Middle Name)	5RDO Code
SALINAS, FRANCISCO SAMUEL SUPERA	039
6 Registered Address	6A Zip Code
BLOCK 18 LOT 3 NR. SHRINE MT.VIEW VILLAG	
6B Local Home Address	6C Zip Code
6D Foreign Address	
7 Date of Birth (MM/DD/YYYY)	8 Contact Number
04 25 1995	
9 Statutory Minimum Wage rate per day	0.00
10 Statutory Minimum Wage rate per month	0.00
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250.00 & 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)	716.99
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	0.00
37 Salaries & Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	716.99

Part II - Employer Information (Present)

12 TIN	009 - 282 - 723 -
13 Employer's Name	24-7 INTOUCH PH INC.
14 Registered Address	14A Zip Code
UP TOWN CENTER PHASE II, 3/F CORPORATE T	1101
15 Type of Employer	<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR	Amount
39 Basic Salary	0.00
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	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

Part IVA - Summary

19 Gross Computation Income from Present Employer (Sum of Items 38 and 52)	716.99
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	716.99
21 Taxable Compensation from Present Employer (Item 19 Less Item 20)(From Item 52)	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, 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