



BIR Form No. <b>2316</b> September 2021 (ENCS)	<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld	 2316 09/21ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<b>1</b> For the Year (YYYY) <u>2024</u>	<b>2</b> For the Period From (MM/DD) <u>0101</u> To (MM/DD) <u>1206</u>
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**Part I - Employee Information**

<b>3</b> TIN <u>000-000-000</u>	<b>5</b> RDO Code <u>0</u>
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <u>YABO, JULLIAN TROY AMORES</u>	
<b>6</b> Registered Address <u></u>	<b>6A</b> ZIP Code <u></u>
<b>6B</b> Local Home Address <u></u>	<b>6C</b> ZIP Code <u></u>
<b>6D</b> Foreign Address <u></u>	
<b>7</b> Date of Birth (MM/DD/YYYY) <u>10/27/2003</u>	<b>8</b> Contact Number <u></u>
<b>9</b> Statutory Minimum Wage rate per day <u>0.00</u>	
<b>10</b> Statutory Minimum Wage rate per month <u>0.00</u>	
<b>11</b> <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
<b>29</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	146,777.40
<b>30</b> Holiday Pay (MWE)	0.00
<b>31</b> Overtime Pay (MWE)	0.00
<b>32</b> Night Shift Differential (MWE)	0.00
<b>33</b> Hazard Pay (MWE)	0.00
<b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000)	11,829.97
<b>35</b> De Minimis Benefits	31,205.60
<b>36</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	14,219.38
<b>37</b> Salaries & Other Forms of Compensation	0.00
<b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	204,032.35

**Part II - Employer Information (Present)**

<b>12</b> TIN <u>005-057-181-0000</u>	<b>14A</b> ZIP Code <u></u>
<b>13</b> Employer's Name <u>FOUNDEVER ASIA INCORPORATED</u>	
<b>14</b> Registered Address <u>10F GLORIETTA 1 BPO OFC TOWER AYALA MAK</u>	
<b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	

**B. TAXABLE COMPENSATION INCOME REGULAR**

<b>39</b> Basic Salary	0.00
<b>40</b> Representation	0.00
<b>41</b> Transportation	0.00
<b>42</b> Cost of Living Allowance (COLA)	0.00
<b>43</b> Fixed Housing Allowance	0.00
<b>44</b> Others (specify)	
<b>44A</b>	0.00
<b>44B</b>	0.00

**Part III - Employer Information (Previous)**

<b>16</b> TIN <u></u>	<b>18A</b> ZIP Code <u></u>
<b>17</b> Employer's Name <u></u>	
<b>18</b> Registered Address <u></u>	

**Part IVA - Summary**

<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	204,032.35
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	204,032.35
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	0.00
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
<b>24</b> Tax Due	0.00
<b>25</b> Amount of Taxes Withheld	
<b>25A</b> Present Employer	0.00
<b>25B</b> Previous Employer, if applicable	0.00
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
<b>27</b> 5% Tax Credit (PERA Act of 2008)	0.00
<b>28</b> Total Taxes Withheld (Sum of Items 26 and 27)	0.00

**SUPPLEMENTARY**

<b>45</b> Commission	0.00
<b>46</b> Profit Sharing	0.00
<b>47</b> Fees Including Director's Fees	0.00
<b>48</b> Taxable 13th Month Benefits	0.00
<b>49</b> Hazard Pay	0.00
<b>50</b> Overtime Pav	0.00
<b>51</b> Others (Specify)	
<b>51A</b>	0.00
<b>51B</b>	0.00
<b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B)	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.

<b>53</b> <u>RONALD PORTULA</u> Present Employer/ Authorized Agent Signature Over Printed Name <b>CONFORME:</b> <b>54</b> <u>YABO, JULLIAN TROY AMORES</u> Employee Signature Over Printed Name CTC/Valid ID No. of Employee <u></u> Place of Issue <u></u>	Date Signed <u></u> Date Signed <u></u> Date Signed <u></u> Amount Paid, if CTC <u></u>
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**To be accomplished under substituted filing**

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

**55** RONALD PORTULA  
 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 Return (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 of BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

**56**   
 Employee Signature Over Printed Name

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