



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 9/21/ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<b>1 For the Year (YYYY)</b> 2 0 2 3	<b>2 For the Period</b> From (MMDD) 0 4 1 2 To (MMDD) 1 2 3 1 Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
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<b>Part I - Employee Information</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
<b>3 TIN</b> 3 6 3 - 5 7 1 - 0 3 3 -	<b>5 HDO Code</b> 1 2 6	<b>29 Basic Salary</b> (including the exempt P200,000 & below or the Statutory Minimum Wage of the MWE)	0.00
<b>4 Employee's Name</b> (Last Name, First Name, Middle Name) AUREO, JED FRANCE DELIT		<b>30 Holiday Pay</b> (MWE)	0.00
<b>6 Registered Address</b>		<b>31 Overtime Pay</b> (MWE)	0.00
<b>6A ZIP Code</b>		<b>32 Night Shift Differential</b> (MWE)	0.00
<b>6B Local Home Address</b>		<b>33 Hazard Pay</b> (MWE)	0.00
<b>6C ZIP Code</b>		<b>34 13th Month Pay and Other Benefits</b> (maximum of P90,000)	10,431.24
<b>6D Foreign Address</b>		<b>35 De Minimis Benefits</b>	0.00
<b>7 Date of Birth (MM/DD/YYYY)</b> 1 2 0 7 2 0 0 0	<b>8 Contact Number</b>	<b>36 SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues</b> (Employee share only)	11,726.55
<b>9 Statutory Minimum Wage rate per day</b> 468.00	<b>10 Statutory Minimum Wage rate per month</b>	<b>37 Salaries and Other Forms of Compensation</b>	6,000.00
<b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		<b>38 Total Non-Taxable/Exempt Compensation Income</b> (Sum of items 29 to 37)	28,157.79

<b>Part II - Employer Information (Present)</b>		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
<b>12 TIN</b> 0 0 4 - 6 3 9 - 7 4 4 - 0 0 0	<b>13 Employer's Name</b> TELEPHILIPPINES, INC	<b>39 Basic Salary</b>	89,080.81
<b>14 Registered Address</b> 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City		<b>40 Representation</b>	0.00
<b>14A ZIP Code</b> 0 0 0 0		<b>41 Transportation</b>	0.00
<b>15 Type of Employer</b> <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		<b>42 Cost of Living Allowance (COLA)</b>	0.00
<b>Part III - Employer Information (Previous)</b>		<b>43 Fixed Housing Allowance</b>	0.00
<b>16 TIN</b>	<b>17 Employer's Name</b>	<b>44 Others (specify)</b>	<b>44A Allowances</b>
<b>18 Registered Address</b>	<b>18A ZIP Code</b>	<b>44B</b>	32,525.07
<b>Part IVA - Summary</b>		<b>SUPPLEMENTARY</b>	
<b>19 Gross Compensation Income from Present Employer</b> (Sum of items 39 and 52)	199,260.96	<b>45 Commission</b>	0.00
<b>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer</b> (From item 38)	28,157.79	<b>46 Profit Sharing</b>	0.00
<b>21 Taxable Compensation Income from Present Employer</b> (Item 19 Less Item 20) (From item 52)	171,103.17	<b>47 Fees including Director's Fees</b>	0.00
<b>22 Add: Taxable Compensation Income from Previous Employer, if applicable</b>	0.00	<b>48 Taxable 13th Month Benefits</b>	0.00
<b>23 Gross Taxable Compensation Income</b> (Sum of items 21 and 22)	171,103.17	<b>49 Hazard Pay</b>	0.00
<b>24 Tax Due</b>	0.00	<b>50 Overtime Pay</b>	49,497.29
<b>25 Amount of Taxes Withheld</b>	0.00	<b>51 Others (specify)</b>	<b>51A Bonuses and Incentives</b>
<b>25A Present Employer</b>	0.00	<b>51B Retirement Benefits</b>	0.00
<b>25B Previous Employer, if applicable</b>	0.00	<b>52 Total Taxable Compensation Income</b> (Sum of items 39 to 51B)	171,103.17
<b>26 Total Amount of Taxes Withheld as adjusted</b> (Sum of items 25A and 25B)	0.00		
<b>27 5% Tax Credit (PERA Act of 2008)</b>	0.00		
<b>28 Total Taxes Withheld</b> (Item 26 less item 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.

<b>53</b> Present Employer/Authorized Agent Signature over Printed Name	Date Signed 0 1 3 1 2 0 2 4
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<b>54</b> _____ Employee Signature over Printed Name	Date Signed _____
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