



# Certificate of Compensation Payment/Tax Withheld



2316 9/21/ENC5

**2316**

<b>1</b> For the Year (YYYY): <b>2024</b>		<b>2</b> For the Period From (MM/CC) <b>01 01</b> To (MM/CC) <b>06 22</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
<b>3</b> TIN: <b>313 - 619 - 165 - 00000</b>		<b>A NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
<b>4</b> Employee's Name (Last Name, First Name, Middle Name): <b>ESTORCO, GENESETH PAREL</b>		<b>29</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the NWE) <b>60,255.65</b>	
<b>5</b> RDO Code: <b>6022</b>		<b>30</b> Hazard Pay (MWE):	
<b>6</b> Registered Address: <b>ABALAYAN, DALAGUETE, CEBU</b>		<b>31</b> Overtime Pay (MWE):	
<b>6A</b> ZIP Code: <b>6022</b>		<b>32</b> Night Shift Differential (MWE):	
<b>6B</b> Contact Home Address:		<b>33</b> Hazard Pay (MWE):	
<b>6C</b> ZIP Code:		<b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>7,885.00</b>	
<b>6D</b> Foreign Address:		<b>35</b> De Minimis Benefits:	
<b>7</b> Date of Birth (MM/DD/YYYY): <b>10 11 1986</b>	<b>8</b> Contact Number:	<b>36</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>5,605.67</b>	
<b>9</b> Statutory Minimum Wage rate per day:		<b>37</b> Salaries and Other Forms of Compensation <b>2,100.00</b>	
<b>10</b> Statutory Minimum Wage rate per month:		<b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37) <b>79,795.90</b>	
<b>11</b> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax:		<b>B TAXABLE COMPENSATION INCOME REGULAR</b>	
<b>Part II - Employer Information (Present)</b>		<b>39</b> Basic Salary:	
<b>12</b> TIN: <b>000 - 310 - 457 - 00000</b>		<b>40</b> Representation:	
<b>13</b> Employer's Name: <b>Rose Pharmacy, Incorporated</b>		<b>41</b> Transportation:	
<b>14</b> Registered Address: <b>3rd Floor, FLC Center, 888 Hernan Cortes St. Subangdaku, Marikina City, Cebu</b>		<b>42</b> Cost of Living Allowance (COLA):	
<b>14A</b> ZIP Code: <b>6014</b>		<b>43</b> Fixed Housing Allowance:	
<b>15</b> Type of Employer: <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		<b>44</b> Others (specify):	
<b>Part III - Employer Information (Previous)</b>		<b>44A</b> :	
<b>16</b> TIN:		<b>44B</b> :	
<b>17</b> Employer's Name:		<b>SUPPLEMENTARY</b>	
<b>18</b> Registered Address:		<b>45</b> Commission:	
<b>18A</b> ZIP Code:		<b>46</b> Profit Sharing:	
<b>Part IVA - Summary</b>		<b>47</b> Fees, including Director's Fees:	
<b>19</b> Gross Compensation Income from Present Employer (Sum of items 16 and 20) <b>79,795.90</b>		<b>48</b> Taxable 13th Month Benefits:	
<b>20</b> Less: Non-Taxable/Exempt Compensation Income from Present Employer (Sum of items 29) <b>79,795.90</b>		<b>49</b> Hazard Pay:	
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (Sum of items 30) <b>0.00</b>		<b>50</b> Overtime Pay:	
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable: <b>0.00</b>		<b>51</b> Others (specify):	
<b>23</b> Gross Taxable Compensation Income (Sum of items 21 and 22) <b>0.00</b>		<b>51A</b> :	
<b>24</b> Tax Due: <b>0.00</b>		<b>51B</b> :	
<b>25</b> Amount of Taxes Withheld:		<b>52</b> Total Taxable Compensation Income (Sum of items 30 to 51B):	
<b>25A</b> Present Employer: <b>0.00</b>			
<b>25B</b> Previous Employer, if applicable: <b>0.00</b>			
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B): <b>0.00</b>			
<b>27</b> 5% Tax Credit (PERA Act of 2008): <b>0.00</b>			
<b>28</b> Total Taxes Withheld (Sum of items 26 and 27): <b>0.00</b>			

I, the declarant, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my own knowledge and belief, is true and correct, pursuant to the provisions of the Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I do give my/our consent to the processing of my/our information on a computerized system under the authority of RA No. 10831, for legitimate and lawful purposes.

**51** *Anna-Mari C. Trasmonte*  
**ANNA-MARI C. TRASMONTE** Date Signed **10 17 2024**  
 Current Employer/Agent/Signatory (Printed Name)  
**54** *Genebeth P. Estorco*  
**GENESETH P. ESTORCO** Date Signed \_\_\_\_\_  
 Employer/Signatory (Printed Name) Amount paid (FCP) \_\_\_\_\_  
 Date Issued \_\_\_\_\_

To be accomplished under substituted filing

**53** *Genebeth P. Estorco*  
**GENESETH P. ESTORCO** Date Signed \_\_\_\_\_  
 Employer/Signatory (Printed Name) Amount paid (FCP) \_\_\_\_\_  
 Date Issued \_\_\_\_\_