



BIR Form No.

2316

September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 W21ENCS

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

1 For The Year (YYYY) <u>2024</u>		2 For the Period From (MMDD) <u>01 01</u> To (MMDD) <u>10 03</u>	
Part I - Employee Information		Part II-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN <u>345 152 265 0000</u>		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
4 Employee's Name (Last Name, First Name, Middle Name) <u>Pepito, Daniel Jay, Catalina</u> 5RDO Code <u>0000</u>		29 Non-taxable (including the exempt P210,000 & below or the Statutory Minimum Wage of the MWE)	
6 Registered Address <u>Parangalan St Puhala Corner Cebu City, CEBU CITY, CEBU CITY</u> 6A Zip Code <u>6000</u>		30 Holiday Pay (MWE)	
6B Local Home Address _____ 6C Zip Code _____		31 Overtime Pay (MWE)	
6D Foreign Address _____		32 Night Shift Differential (MWE)	
7 Date of Birth (MMDD/YYYY) <u>05 12 1993</u> 8 Contact Number _____		33 Hazard Pay (MWE)	
9 Statutory Minimum Wage rate per day _____		34 13th Month Pay and Other Benefits (maximum of P90,000) <u>11,352.46</u>	
10 Statutory Minimum Wage rate per month _____		35 De Minimis Benefits <u>14,700.05</u>	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>14,560.00</u>	
Part II - Employer Information (Present)		37 Salaries and Other Forms of Compensation <u>9,183.85</u>	
12 TIN <u>211 451 582 0000</u>		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <u>49,796.36</u>	
13 Employer's Name <u>Aloika Philippines, Inc.</u>		B. TAXABLE COMPENSATION INCOME REGULAR	
14 Registered Address <u>1256HDSA corner Orlino Rosas Avenue Makati City</u> 14A ZIP Code _____		39 Basic Salary <u>128,674.19</u>	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		40 Representation	
Part III - Employer Information (Previous)		41 Transportation	
16 TIN _____		42 Cost of Living Allowance (COLA)	
17 Employer's Name _____		43 Rent Housing Allowance	
18 Registered Address _____ 18A ZIP Code _____		44 Others (specify) 44A _____ 44B _____	
Part IVA - Summary		SUPPLEMENTARY	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 38) <u>209,721.37</u>		45 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <u>49,796.36</u>		46 Profit Sharing	
21 Taxable Compensation Income from Present Employer (From 19 Less Item 20) (From Item 38) <u>159,925.01</u>		47 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable _____		48 Taxable 13th Month Benefits	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>159,925.01</u>		49 Hazard Pay	
24 Tax Due _____		50 Overtime Pay <u>25,481.58</u>	
25 Amount of Taxes Withheld		51 Others (specify) _____ _____	
25A Present Employer _____		52 Total Taxable Compensation Income (Sum of Items 39 to 51) <u>5,769.24</u>	
25B Previous Employer, if applicable _____			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) _____			
27 5% Tax Credit (PERA Act of 2008) _____			
28 Total Taxes Withheld (Sum of Items 26 and 27) _____			

I 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 thereunder. 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 <u>Eugenic, Joseph Victor</u> Present Employer Authorized Agent Signature Over Printed Name COMFORME	Date Signed <u>10 25 2024</u>
54 <u>Pepito, Daniel Jay, Catalina</u> Employee Signature Over Printed Name	Date Signed _____
CTC/Valid ID No. of Employee _____ Race of Issuance _____	Date Signed _____ 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 <u>Pepito, Daniel Jay, Catalina</u> Employee Signature Over Printed Name
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I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 9601-C which has been filed with the Bureau of Internal Revenue.

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 (as due equated tax withheld); that the BIR Form No. 1601-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 if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.