



BIR Form No. <b>2316</b> September 2021 (ENC5)	<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld	
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) <b>2 0 2 4</b>	2 For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>1 2 3 1</b>
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<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
3 TIN		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>ABUDA, LOUIE ANNE</b>		5 RDO Code <b>1 2 6</b>	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) <b>0 6 0 3 1 9 9 7</b>		8 Contact Number	
9 Statutory Minimum Wage rate per day		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
10 Statutory Minimum Wage rate per month		30 Holiday Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		31 Overtime Pay (MWE)	
<b>Part II - Employer Information (Present)</b>		32 Night Shift Differential (MWE)	
12 TIN <b>0 0 4 - 6 3 9 - 7 4 4 - 0 0 0</b>		33 Hazard Pay (MWE)	
13 Employer's Name <b>TELEPHILIPPINES, INC</b>		34 13th Month Pay and Other Benefits (maximum of P90,000)	
14 Registered Address <b>2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City</b>		35 De Minimis Benefits	
14A ZIP Code <b>1 5 5 4</b>		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Salaries and Other Forms of Compensation	
<b>Part III - Employer Information (Previous)</b>		38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37)	
16 TIN		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
17 Employer's Name		39 Basic Salary	
18 Registered Address		40 Representation	
18A ZIP Code		41 Transportation	
<b>Part IVA - Summary</b>		42 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of items 39 and 52)		43 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38)		44 Others (specify):	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52)		44A Allowances	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		44B	
23 Gross Taxable Compensation Income (Sum of items 21 and 22)		<b>SUPPLEMENTARY</b>	
24 Tax Due		45 Commission	
25 Amount of Taxes Withheld		46 Profit Sharing	
25A Present Employer		47 Fees Including Director's Fees	
25B Previous Employer, if applicable		48 Taxable 13th Month Benefits	
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)		49 Hazard Pay	
27 5% Tax Credit (RAA Act of 2008)		50 Overtime Pay	
28 Total Taxes Withheld (Item 26 less item 27)		51 Others (specify):	

19 289,035.30 20 66,012.65 21 223,022.65 22 0.00 23 223,022.65 24 0.00 25 0.00 25A 0.00 25B 0.00 26 0.00 27 0.00 28 0.00	39 147,759.08 40 0.00 41 0.00 42 0.00 43 0.00 44A 39,293.22 44B 0.00 45 0.00 46 0.00 47 0.00 48 0.00 49 0.00 50 35,970.35 51A 0.00 51B 0.00 52 223,022.65
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I declare, under the penalties (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 (RA, No. 10173)" for legitimate and lawful purposes.

53 Present Employer/Authorized Agent Signature over Printed Name <i>[Signature]</i> <b>LOUIE ANNE ABUDA</b>	Date Signed <b>0 1 3 1 2 0 2 5</b>
54 Employee Signature over Printed Name <i>[Signature]</i>	Date Signed _____
CTC/Valid ID No. of Employee _____ Place of Issue _____	Date Issued _____ Amount paid, if CTC _____

**To be accomplished under substituted filing**

I declare, under the penalties (perjury) that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue. <i>[Signature]</i> 55 Present Employer Authorized Agent Signature over Printed Name (Head of Accounting/Human Resources 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 (as duly required by law); 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 if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. 56 LOUIE ANNE ABUDA Employee Signature over Printed Name
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)