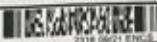


**Certificate of Compensation  
Payment/Tax Withheld**



BR Form No.  
**2316**  
September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

Mark all applicable boxes. Mark all appropriate boxes with an 'X'

**1** For the Year (YYYY) **2024**

**Part I - Employee Information**

**2** TIN: **485 059 818 0000**

**3** TIN: **485 059 818 0000**

**4** Employee's Name (Last Name, First Name, Middle Name) **Caballero, Janriel Pascualdo** **882** **ROG Code**

**5** Registered Address **45 Zip Code**

**6** Local Home Address **46 Zip Code**

**7** Date of Birth (MM/DD/YYYY) **8** Telephone Number

**9** Statutory Minimum Wage rate per day **0.00**

**10** Statutory Minimum Wage rate per month **0.00**

**11**  Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

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

**12** Taxpayer: **607 369 125 0000**

**13** Employer's Name **INTERACTECH SOLUTIONS INC**

**14** Registered Address **16A Zip Code**  
**RIANNE HOTEL AND SUITES 82 B DON GIL GARCIA 6000**

**15** Type of Employer:  Main Employer  Secondary Employer

**Part III - Summary**

**18** Gross Compensation Income from Present Employer (Sum of Items 29 and 30) **227,035.12**

**19** Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **72,699.68**

**21** Taxable Compensation Income from Present Employer (Item 18 Less Item 19) (From Item 52) **154,335.44**

**22** Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

**23** Gross Taxable Compensation Income (Sum of Items 21 and 22) **154,335.44**

**24** Tax Due **0.00**

**25** Amount of Taxes Withheld

**25A** Present Employer **0.00**

**25B** Previous Employer **0.00**

**26** Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

**27** 5% Tax Credit (FCRA Act of 2008) **0.00**

**28** Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

**Part II-B Details of Compensation Income and Tax Withheld from Present Employer**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

| Item | Description   | Amount    |
|------|---|-----------|
| 29   | Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) | 0.00      |
| 30   | Holiday Pay (MWE)   | 0.00      |
| 31   | Overtime Pay (MWE)  | 0.00      |
| 32   | Night Shift Differential (MWE)  | 0.00      |
| 33   | Hazard Pay (MWE)  | 0.00      |
| 34   | 13th Month Pay and Other Benefits (maximum of P50,000)  | 47,503.78 |
| 35   | De Minimis Benefits   | 11,961.60 |
| 36   | SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)                 | 18,236.25 |
| 37   | Salaries and Other Primes of Compensation   | 0.00      |
| 38   | Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)                          | 72,699.68 |

**B. TAXABLE COMPENSATION INCOME REGULAR**

|     |                                 |            |
|-----|---------------------------------|------------|
| 39  | Basic Salary                    | 142,871.80 |
| 40  | Representation                  |            |
| 41  | Transportation                  |            |
| 42  | Cost of Living Allowance (COLA) |            |
| 43  | Fixed Housing Allowance         |            |
| 44  | Others (Specify)                |            |
| 44A |                                 | 11,463.63  |
| 44B |                                 |            |

**SUPPLEMENTARY**

|     |  |            |
|-----|--|------------|
| 45  | Commission   |            |
| 46  | Profit Sharing   |            |
| 47  | Fees Including Director's Fees                             |            |
| 48  | Taxable 13th Month Pay Benefits                            | 0.00       |
| 49  | Hazard Pay   |            |
| 50  | Overtime Pay   |            |
| 51  | Others (Specify)   |            |
| 51A |  |            |
| 51B |  |            |
| 52  | Total Taxable Compensation Income (Sum of Items 39 to 51B) | 154,335.44 |

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**51** **ALMA D. ESCOSAR**  
Present Employer Authorized Agent Signature Over Printed Name

CONFORME: *[Signature]*

**52** **Janriel Pascualdo Caballero**  
Employee Signature Over Printed Name

CRC/valid ID No. of Employee: **25479125** Place of Issue: **Cebu City**

Date Signed: **02 07 2025**

Date Signed: **02 12 2025**

Date of Issue: **01 31 2025**

Amount Paid, if CTC: **232**

To be accomplished under substituted filing

**53** **ALMA D. ESCOSAR**  
Present Employer Authorized Agent Signature Over Printed Name  
(Head of Accounting/Finance Bureau or Authorized Representative)

I declare under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (SIT) Form No. 1700, since I received timely compensation income from only one employer in the Philippines for the calendar year that taxes have been properly withheld by my employer (or that would be withheld), and the BR Form No. 1004-C filed by me, together with the BR Form No. 2316 and its income tax return and the BR Form No. 2318 shall serve my duty as required by Section 2305 (b) (2) of the Internal Revenue Code of 1997, as amended.

**54** **Janriel Pascualdo Caballero**  
Employee Signature Over Printed Name