



BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 0621 ENCS

Use in all appropriate spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY)	2025	2 For the Period From (MM/DD)	01 01	To (MM/DD)	04 30
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Part I - Employer Information (Present)

3 TIN: 652 364 222 8000

4 Employer's Name (Last Name, First Name, Middle Name) & RDO Code
GUIÑARES, KEESHA DONNA CABINATAN 081

5 Registered Address: AA Zip Code

6B Local Home Address: CG Zip Code

6D Foreign Address: FE Zip Code

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

8 Statutory Minimum Wage rate per day: 0.00

9 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 (Previous)

12 Taxpayer: 007 876 982 8000

13 Employer's Name: **GREATENGLISH CORPORATION**

14 Registered Address: 14A Zip Code
8TH FLOOR SKYRISE 4 ASIATOWN IT PARK APAS 6000

15 Type of Employer: Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address: 18A Zip Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 29 and 32): **79,992.15**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 29): **16,527.13**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 32): **63,465.02**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22): **63,465.02**

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 (RAA Act of 2008): **0.00**

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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

	Amount
29 Basic Salary including the exempt P250,000 or less or the Statutory Minimum Wage of the MNE	0.00
30 Holiday Pay (MNE)	0.00
31 Overtime Pay (MNE)	0.00
32 Night Shift Differential (MNE)	0.00
33 Hazard Pay (MNE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	3,459.87
35 De Minimis Benefits	10,000.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	3,067.26
37 Salaries and Other Items of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	16,527.13

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	63,465.02
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (Specify)	
44A	0.00
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)	63,465.02

THE TAXPAYER CERTIFIES THAT THE INFORMATION HEREON HAS BEEN MADE IN GOOD FAITH, AND TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, IS TRUE AND CORRECT IN ALL RESPECTS. THE INFORMATION HEREON IS SUBJECT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE, AS AMENDED, AND THE REGULATIONS ISSUED THEREUNDER. FAILURE TO FILE THIS FORM MAY RESULT IN THE PENALTY OF FIVE PERCENT (5%) OF THE TAX DUE, IN ADDITION TO THE PENALTY OF FIVE PERCENT (5%) OF THE TAX DUE, IN ADDITION TO THE PENALTY OF FIVE PERCENT (5%) OF THE TAX DUE, IN ADDITION TO THE PENALTY OF FIVE PERCENT (5%) OF THE TAX DUE.

51 Present Employer Authorized Agent Signature Over Printed Name: **ASAI NAOMI** Date Signed: _____

CONFIRMED: **KEESHA DONNA CABINATAN GUIÑARES** Date Signed: _____

52 Employee Signature Over Printed Name: _____ Date of Issue: _____

CGC/NAI/CI No. _____ Place of: _____ Amount Paid, if CTC: _____