

Certificate of Compensation Payment/Tax Withheld



Form No.
2316

September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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

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

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

Part I - Employee Information

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

3 TIN **636 281 488 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **DE LOAG, RUBY LYN ALMORADO**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

5 RDO Code **081**

6 Registered Address

Amount

6A Zip Code

29 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) **0.00**

6B Local Home Address

30 Holiday Pay (MWE) **0.00**

Juana Osmeña Extension San Isidro Cebu City

31 Overtime Pay (MWE) **0.00**

6C Zip Code **6000**

32 Night Shift Differential (MWE) **0.00**

6D Foreign Address

33 Hazard Pay (MWE) **0.00**

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **01 19 2000**

34 13th Month Pay and Other Benefits (maximum of P90,000) **38,807.72**

8 Telephone Number

35 De Minimis Benefits **4,626.85**

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

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **14,900.00**

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

37 Salaries and Other Forms of Compensation **0.00**

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

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **58,334.57**

Part II - Employer Information (Present)

12 Taxpayer **466 491 968 0000**

B. TAXABLE COMPENSATION INCOME REGULAR

13 Employer's Name **AZPIRED INC**

39 Basic Salary **164,661.69**

14 Registered Address

40 Representation

11TH FLOOR CEBU EXCHANGE BUILDING SALINAS

41 Transportation

14A Zip Code **6000**

42 Cost of Living Allowance (COLA)

15 Type of Employer Main Employer Secondary Employer

43 Fixed Housing Allowance

Part III - Employer Information (Previous)

16 TIN

44 Others (Specify)

17 Employer's Name

44A

18 Registered Address

44B

18A Zip Code

Part IVA - Summary

SUPPLEMENTARY

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **283,144.05**

45 Commission

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **58,334.57**

46 Profit Sharing

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **224,809.48**

47 Fees Including Director's Fees

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

48 Taxable 13th Month Pay Benefits

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **224,809.48**

49 Hazard Pay

24 Tax Due **0.00**

50 Overtime Pay **36,132.60**

25 Amount of Taxes Withheld 25A Present Employer **0.00**

51 Others (Specify)

25B Previous Employer **0.00**

51A **NIGHT DIFFERENTIAL** **15,359.47**

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

51B **HOLIDAY PAY** **8,655.72**

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

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **224,809.48**

28 Total Taxes Withheld (sum of items 26 and 27) **0.00**

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

51 Present Employer/ Authorized Agent Signature Over Printed Name **ALMIRA S. ABSIN**

Date Signed **0 1 3 1 2 0 2 5**

CONFORME: **RUBY LYN ALMORADO DE LOAG**

Date Signed **0 2 0 5 2 0 2 5**

Amount Paid, if CTC