



BIR Form No.
2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

<p>1 For the Year (YYYY) <input style="width:100px;" type="text" value="2025"/></p> <p>2 For the Period From (MM/DD) <input style="width:40px;" type="text" value="02"/> <input style="width:40px;" type="text" value="17"/> To (MM/DD) <input style="width:40px;" type="text" value="05"/> <input style="width:40px;" type="text" value="07"/></p> <p>Part I - Employee Information</p> <p>3 TIN <input style="width:40px;" type="text" value="658"/> - <input style="width:40px;" type="text" value="873"/> - <input style="width:40px;" type="text" value="476"/> - <input style="width:40px;" type="text" value="000"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input style="width:80%; border: none;" type="text" value="OFIANGA, LOVE GRACE GIGANTO"/> 5 RDO Code <input style="width:40px;" type="text" value="43A"/></p> <p>6 Registered Address <input style="width:80%; border: none;" type="text"/> 6A ZIP Code <input style="width:40px;" type="text"/></p> <p>6B Local Home Address <input style="width:80%; border: none;" type="text"/> 6C ZIP Code <input style="width:40px;" type="text"/></p> <p>6D Foreign Address <input style="width:80%; border: none;" type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input style="width:40px;" type="text" value="01"/> <input style="width:40px;" type="text" value="17"/> <input style="width:40px;" type="text" value="2002"/> 8 Contact Number <input style="width:80%; border: none;" type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input style="width:80%; border: none;" type="text" value="0.00"/></p> <p>10 Statutory Minimum Wage rate per month <input style="width:80%; border: none;" type="text" value="0.00"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN <input style="width:40px;" type="text" value="005"/> - <input style="width:40px;" type="text" value="057"/> - <input style="width:40px;" type="text" value="181"/> - <input style="width:40px;" type="text" value="000"/></p> <p>13 Employer's Name <input style="width:80%; border: none;" type="text" value="FOUNDEVER ASIA INCORPORATED"/></p> <p>14 Registered Address <input style="width:80%; border: none;" type="text" value="10F GLORIETTA 1 BPO OFC TOWER AYALA MAKA"/> 14A ZIP Code <input style="width:40px;" type="text"/></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN <input style="width:40px;" type="text"/> - <input style="width:40px;" type="text"/> - <input style="width:40px;" type="text"/> - <input style="width:40px;" type="text"/></p> <p>17 Employer's Name <input style="width:80%; border: none;" type="text"/></p> <p>18 Registered Address <input style="width:80%; border: none;" type="text"/> 18A ZIP Code <input style="width:40px;" type="text"/></p> <p>Part IVA - Summary</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)</td> <td style="width:40%; text-align: right;"><input style="width:80%; border: none;" type="text" value="55,762.46"/></td> </tr> <tr> <td>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)</td> <td style="text-align: right;"><input style="width:80%; border: none;" type="text" value="55,762.46"/></td> </tr> <tr> <td>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)</td> <td style="text-align: right;"><input style="width:80%; border: none;" type="text" value="0.00"/></td> </tr> <tr> <td>22 Add: Taxable Compensation Income from Previous Employer, if applicable</td> <td style="text-align: right;"><input style="width:80%; border: none;" type="text" value="0.00"/></td> </tr> <tr> <td>23 Gross Taxable Compensation Income (Sum of Items 21 and 22)</td> <td style="text-align: right;"><input style="width:80%; border: none;" type="text" value="0.00"/></td> </tr> <tr> <td>24 Tax Due</td> <td style="text-align: right;"><input style="width:80%; border: none;" type="text" value="0.00"/></td> </tr> <tr> <td>25 Amount of Taxes Withheld</td> <td style="text-align: right;"><input style="width:80%; 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I/We 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 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 (R.A. No. 10173) for legitimate and lawful purposes.

53 <u>RONALD PORTULA</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <input style="width:80%; border: none;" type="text"/>	
CONFORME:		
54 <u>OFIANGA, LOVE GRACE GIGANTO</u> Employee Signature over Printed Name	Date Signed <input style="width:80%; border: none;" type="text"/>	Amount paid, if CTC <input style="width:40%; border: none;" type="text"/>
CTC/Valid ID No. of Employee <input style="width:150px;" type="text"/>	Place of Issue <input style="width:150px;" type="text"/>	Date Issued <input style="width:80%; border: none;" type="text"/>

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

55 RONALD PORTULA
Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/Human Resource 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 (tax due equals tax withheld); 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 _____
Employee Signature over Printed Name