



BIR Form No.

2316

September 2021 (ENC5)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 (ENC5)

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

1. For the Year (YYYY) 2 0 2 4		2. For the Period From (MMDD) 0 1 0 1 To (MMDD) 0 4 2 8	
Part I - Employee Information		Part II-B Details of Compensation Income & Tax Withheld from Present Employer	
3. TIN 3 6 0 - 1 8 7 - 0 7 1 - 0 0 0 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4. Employer's Name (Last Name, First Name, Middle Name) MOJADO, REGINA GRACE ABELLANOSA		5. RDO Code	
6. Registered Address 75 H Cabronas Street, Basak San Nicolas Cebu City, Cebu		6A. ZIP Code	
6B. Local Home Address 75 H Cabronas Street, Basak San Nicolas Cebu City, Cebu		6C. ZIP Code	
6D. Foreign Address		29. Basic Salary (including the exempt P200.00 & below) or the Statutory Minimum Wage of the MWE 52,594.86	
7. Date of Birth (MMDD/YYYY) 0 7 0 1 2 0 0 0		30. Holiday Pay (MWE) 0.00	
8. Contact Number		31. Overtime Pay (MWE) 0.00	
9. Statutory Minimum Wage rate per day		32. Night Shift Differential (MWE) 0.00	
10. Statutory Minimum Wage rate per month		33. Hazard Pay (MWE) 0.00	
11. <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		34. 13th Month Pay and Other Benefits (maximum of P90,000) 2,926.79	
Part III - Employer Information (Present)		35. De Minimis Benefits 14,433.20	
12. TIN 0 0 5 - 0 5 7 - 1 8 1 - 0 0 0 0 0 0		36. SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 4,793.24	
13. Employer's Name FOUNDEVER ASIA, INC		37. Salaries and Other Forms of Compensation 0.00	
14. Registered Address 10th F, Glorietta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines		38. Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 74,748.09	
14A. ZIP Code 1 2 2 4		B. TAXABLE COMPENSATION INCOME REGULAR	
15. Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		39. Basic Salary 0.00	
Part III - Employer Information (Previous)		40. Representation 0.00	
16. TIN		41. Transportation 0.00	
17. Employer's Name		42. Cost of Living Allowance (COLA) 0.00	
18. Registered Address		43. Fixed Housing Allowance 0.00	
18A. ZIP Code		44. Others (specify)	
Part IV-A - Summary		44A 0.00	
19. Gross Compensation Income from Present Employer (Sum of Items 39 and 52) 74,748.09		44B 0.00	
20. Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 74,748.09		SUPPLEMENTARY	
21. Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00		45. Commission 0.00	
22. Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		46. Profit Sharing 0.00	
23. Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00		47. Fees Including Director's Fees 0.00	
24. Tax Due 0.00		48. Taxable 13th Month Benefits 0.00	
25. Amount of Taxes Withheld 0.00		49. Hazard Pay 0.00	
25A. Present Employer 0.00		50. Overtime Pay 0.00	
25B. Previous Employer, if applicable 0.00		51. Others (specify)	
26. Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00		51A. Salaries and other form of compensation 0.00	
27. 5% Tax Credit (PERA Act of 2008) 0.00		51B 0.00	
28. Total Taxes Withheld (Sum of Items 26 and 27) 0.00		52. Total Taxable Compensation Income (Sum of Items 39 to 51B) 0.00	

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" (RA No. 10173) for legitimate and lawful purposes.

53. <u>PORTULGA RONALDO P. FERRERA / Director TT - Tax Compliance</u> Present Employer/Authorized Agent Signature over Printed Name		Date Signed 0 1 3 1 2 0 2 4	
54. <u>MOJADO, REGINA GRACE ABELLANOSA</u> Employee Signature over Printed Name		Date Signed	
CTC/Valid ID No. of Employee		Date Issued	
Place of Issue		Amount paid, if CTC	
To be accomplished under substituted filing			
55. <u>Present Employer/Authorized Agent Signature over Printed Name</u> (Head of Accounting/Human Resource or Authorized Representative)		56. <u>Employee Signature over Printed Name</u>	

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph).