



BIR Form No. 2316 September 2021 (ENCS)	Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld	2316 9 21 ENCS
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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
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Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 635 - 977 - 827 - 0000	5 RDO Code 081	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
4 Employee's Name (Last Name, First Name, Middle Name) YOSORES, ANALYN, MOLLENA		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	144,139.26
6 Registered Address PUROK AMPALAYA BASAK CATMON CEBU		30 Holiday Pay (MWE)	
6B Local Home Address		31 Overtime Pay (MWE)	
6D Foreign Address		32 Night Shift Differential (MWE)	
7 Date of Birth (MM/DD/YYYY) 07 25 2000		33 Hazard Pay (MWE)	
8 Contact Number		34 13th Month Pay and Other Benefits (maximum of P90,000)	36,128.35
9 Statutory Minimum Wage rate per day		35 De Minimis Benefits	0.00
10 Statutory Minimum Wage rate per month		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,430.40
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		37 Salaries and Other Forms of Compensation	0.00
Part II - Employer Information (Present)		38 Total Non-Taxable Exempt Compensation Income (Sum of Items 29 to 37)	192,698.01
12 TIN 009 - 408 - 015 - 00000		B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name GREAT LEARNINGS AND TECHNOLOGIES GLATS CEBU		39 Basic Salary	0.00
14 Registered Address UNIT 507 FLB CORPORATE CENTER STREET CEBU BUSINESS PARK BARRIO LUZ CEBU CITY CEBU		40 Representation	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		41 Transportation	
Part III - Employer Information (Previous)		42 Cost of Living Allowance (COLA)	
16 TIN		43 Fixed Housing Allowance	
17 Employer's Name		44 Others (specify)	0.00
18 Registered Address		44A	
		44B	

Part IVA - Summary		SUPPLEMENTARY	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	192,698.01	45 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	192,698.01	46 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	0.00	47 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	48 Taxable 13th Month Benefits	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00	49 Hazard Pay	
24 Tax Due	0.00	50 Overtime Pay	
25 Amount of Taxes Withheld	0.00	51 Others (specify)	
25A Present Employer	0.00	51A	
25B Previous Employer, if applicable	0.00	51B	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00		
28 Total Taxes Withheld (Sum of Items 26 and 27)	0.00		

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>AKITOSHI TAKURA</u> Present Employer Authorized Agent Signature over Printed Name	Date Signed <input type="text"/>
CONFORME: <u>ANALYN MOLLENA YOSORES</u> Employee Signature over Printed Name	Date Signed <input type="text"/>
CTC Valid ID No of Employee 06-4652055-9	Date Issued <input type="text"/>
Place of Issue CEBU CITY	Amount paid - CTC <input type="text"/>

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1504-C which has been filed with the Bureau of Internal Revenue.	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/that I received tax withholds that the BIR Form No. 1504-C filed by my employer/that the BIR shall constitute as my income tax return and that BIR Form No. 2316 shall serve the same purpose. BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 1-2012.
55 <u>AKITOSHI TAKURA</u> Present Employer Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	<u>ANALYN MOLLENA YOSORES</u> Employee Signature over Printed Name

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