



BIR Form No. <h1 style="margin:0;">2316</h1> September 2021 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 9/21ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X"

<b>1</b> For the year (YYYY) <span style="float:right;">2 0 2 5</span>	<b>2</b> For the Period From (MM/DD) <span style="float:right;">0 1 0 1</span> To (MM/DD) <span style="float:right;">1 2 2 9</span>
<b>Part I - Employee Information</b>	
<b>3</b> TIN <span style="float:right;">6 5 8 - 3 9 6 - 8 4 8 - 0 0 0</span>	<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <span style="float:right;">5 RDO Code                  RETALLA, DYRENE, BALUNAN <span style="float:right;">1 2 3</span> </span>	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> <span style="float:right;">Amount</span>
<b>6</b> Registered Address <span style="float:right;">6A Zip Code                  _____ <span style="float:right;">_____</span> </span>	<b>29</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <span style="float:right;">0.00</span>
<b>6B</b> Local Home Address <span style="float:right;">6C Zip Code                  _____ <span style="float:right;">_____</span> </span>	<b>30</b> Holiday Pay (MWE) <span style="float:right;">0.00</span>
<b>6D</b> Foreign Address _____	<b>31</b> Overtime Pay (MWE) <span style="float:right;">0.00</span>
<b>7</b> Date of Birth (MM/DD/YYYY) <span style="float:right;">8 Contact Number                  1 1 1 2 2 0 0 4 <span style="float:right;">_____</span> </span>	<b>32</b> Night Shift Differential (MWE) <span style="float:right;">0.00</span>
<b>9</b> Statutory Minimum Wage rate per day <span style="float:right;">_____</span>	<b>33</b> Hazard Pay (MWE) <span style="float:right;">0.00</span>
<b>10</b> Statutory Minimum Wage rate per month <span style="float:right;">_____</span>	<b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000) <span style="float:right;">31,551.40</span>
<b>11</b> <input type="checkbox"/> Minimum Wage Earner(MWE) whose compensation is exempt from withholding tax and not subject to income tax	<b>35</b> De Minimis Benefits <span style="float:right;">20,759.95</span>
<b>Part II - Employer Information (Present)</b>	<b>36</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <span style="float:right;">13,630.00</span>
<b>12</b> TIN <span style="float:right;">2 4 4 - 9 6 3 - 8 7 6 - 0 0 0</span>	<b>37</b> Salaries and Other Forms of Compensation <span style="float:right;">0.00</span>
<b>13</b> Employer's Name QUALFON PHILS. INC. CEBU	<b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <span style="float:right;">65,941.35</span>
<b>14</b> Registered Address <span style="float:right;">14A Zip Code                  Skyrise 3, Qualfon Building, Asiatown IT Park, Lahug <span style="float:right;">6 0 0 0</span> </span>	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>
<b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	<b>39</b> Basic Salary <span style="float:right;">146,590.58</span>
<b>Part III - Employer Information (Previous)</b>	<b>40</b> Representation <span style="float:right;">0.00</span>
<b>16</b> TIN <span style="float:right;">_____</span>	<b>41</b> Transportation <span style="float:right;">5,215.97</span>
<b>17</b> Employer's Name _____	<b>42</b> Cost of Living Allowance (COLA) <span style="float:right;">0.00</span>
<b>18</b> Registered Address <span style="float:right;">18A Zip Code                  _____ <span style="float:right;">_____</span> </span>	<b>43</b> Fixed Housing Allowance <span style="float:right;">0.00</span>
<b>Part IVA - Summary</b>	<b>44</b> Others (Specify) <b>44A</b> _____ OA BIR <span style="float:right;">5,240.29</span> <b>44B</b> _____ <span style="float:right;">0.00</span>
<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <span style="float:right;">237,300.53</span>	<b>SUPPLEMENTARY</b>
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <span style="float:right;">65,941.35</span>	<b>45</b> Commission <span style="float:right;">0.00</span>
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <span style="float:right;">171,359.18</span>	<b>46</b> Profit Sharing <span style="float:right;">0.00</span>
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <span style="float:right;">0.00</span>	<b>47</b> Fees Including Director's Fees <span style="float:right;">0.00</span>
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <span style="float:right;">171,359.18</span>	<b>48</b> Taxable 13th Month Benefits <span style="float:right;">0.00</span>
<b>24</b> Tax Due <span style="float:right;">0.00</span>	<b>49</b> Hazard Pay <span style="float:right;">0.00</span>
<b>25</b> Amount of Taxes Withheld <b>25A</b> Present Employer <span style="float:right;">0.00</span> <b>25B</b> Previous Employer, if applicable <span style="float:right;">0.00</span>	<b>50</b> Overtime Pay <span style="float:right;">14,312.34</span>
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <span style="float:right;">0.00</span>	<b>51</b> Others (Specify) <b>51A</b> _____ <span style="float:right;">0.00</span> <b>51B</b> _____ <span style="float:right;">0.00</span>
<b>27</b> 5% Tax Credit (PERA Act of 2008) <span style="float:right;">0.00</span>	<b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B) <span style="float:right;">171,359.18</span>
<b>28</b> Total Taxes Withheld (Sum of Items 26 and 27) <span style="float:right;">0.00</span>	

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.

<b>53</b> METHYL TAER Present Employer/ Authorized Agent Signature over Printed Name	Date Signed <span style="float:right;">0 3 0 9 2 0 2 6</span>
<b>CONFORME:</b> <b>54</b> RETALLA, DYRENE, BALUNAN Employee Signature over Printed Name	Date Signed <span style="float:right;">_____</span>
CTC/Valid ID No. _____ Place of _____ of Employee issue	Date of Issue <span style="float:right;">_____</span> <span style="float:right;">Amount Paid, if CTC</span>

**To be accomplished under substituted filing**

<b>55</b> _____ 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 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
<b>56</b> _____ Employee Signature over Printed Name	

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