

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



2316 9/21ENC5

September 2021 (ENC5)

For Compensation Payment With or Without Tax Withheld

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

1 For The Year (YYYY) 2025		2 For the Period From (MM/DD) 01 01 To (MM/DD) 08 21	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 000 - 000 - 000 - 0000	5 RDO Code 0000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
4 Employee's Name (Last Name, First Name, Middle Name) Santuele, Sharmaine, Tubos		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6 Registered Address H Pepito St Poblacion Oriental, Consolacion, Cebu, CONSOLACION, CEBU		30 Holiday Pay (MWE)	
6A Zip Code 6001		31 Overtime Pay (MWE)	
6B Local Home Address		32 Night Shift Differential (MWE)	
6C Zip Code		33 Hazard Pay (MWE)	
6D Foreign Address		34 13th Month Pay and Other Benefits (maximum of P90,000)	9,575.34
7 Date of Birth (MM/DD/YYYY) 05 18 2000	8 Contact Number	35 De Minimis Benefits	14,299.31
9 Statutory Minimum Wage rate per day		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,200.00
10 Statutory Minimum Wage rate per month		37 Salaries and Other Forms of Compensation	8,515.44
11 <input type="checkbox"/> Minimum Wage Earner (MWE) 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)	44,590.09
Part II - Employer Information (Present)		B. TAXABLE COMPENSATION INCOME REGULAR	
12 TIN 211 - 451 - 592 - 0000		39 Basic Salary	86,924.42
13 Employer's Name Alorica Philippines, Inc.		40 Representation	
14 Registered Address 2258 EDSA corner China Robos Avenue Makati City		41 Transportation	
14A ZIP Code		42 Cost of Living Allowance (COLA)	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Fixed Housing Allowance	
Part III - Employer Information (Previous)		44 Others (specify)	
16 TIN		44A	
17 Employer's Name		44B	
18 Registered Address		SUPPLEMENTARY	
18A ZIP Code		45 Commission	
Part IVA - Summary		46 Profit Sharing	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	182,470.88	47 Fees Including Director's Fees	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	44,590.09	48 Taxable 13th Month Benefits	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	117,880.79	49 Hazard Pay	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		50 Overtime Pay	24,679.45
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	117,880.79	51 Others (specify)	8,276.92
24 Tax Due		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	117,880.79
25 Amount of Taxes Withheld			
25A Present Employer			
25B Previous Employer, if applicable			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)			
27 5% Tax Credit (PERA Act of 2008)			
28 Total Taxes Withheld (Sum of Items 26 and 27)			

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 Masalik, Ma. Cristine
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed 09 12 2025

54 Santuele, Sharmaine, Tubos
Employee Signature Over Printed Name

Date Signed

Amount paid, # CTC

CTC/Valid ID No. of Employee

Place of Issue

Date Signed

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.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (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.