



BIR Form No. 2316 September 2021 (ENCS)	Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld	2316 09/21 ENCS
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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) 03 03 To (MM/DD) 12 31
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Part I - Employee Information 3 TIN: 687 489 426 0000 4 Employee's Name (Last Name, First Name, Middle Name): BENCILA, JAN CHARISSE LOU TAMPARONG 5 RDO Code: 081 6 Registered Address: _____ 6A Zip Code: _____ 6B Local Home Address: _____ 6C Zip Code: _____ 6D Foreign Address: _____ 6E Zip Code: _____ 7 Date of Birth (MM/DD/YYYY): _____ 8 Telephone Number: _____ 9 Statutory Minimum Wage rate per day: 0.00 10 Statutory Minimum Wage rate per month: 0.00 11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer A. NON-TAXABLE/EXEMPT COMPENSATION INCOME <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td>29 Basic Salary (including the exempt P250,000 & b or the Statutory Minimum Wage of the MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>30 Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>32 Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>33 Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>34 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">23,668.59</td></tr> <tr><td>35 De Minimis Benefits</td><td style="text-align: right;">39,149.02</td></tr> <tr><td>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td><td style="text-align: right;">12,885.00</td></tr> <tr><td>37 Salaries and Other Forms of Compensation</td><td style="text-align: right;">500.00</td></tr> <tr><td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td><td style="text-align: right;">76,202.61</td></tr> </tbody> </table>	Amount	Amount	29 Basic Salary (including the exempt P250,000 & b or the Statutory Minimum Wage of the MWE)	0.00	30 Holiday Pay (MWE)	0.00	31 Overtime Pay (MWE)	0.00	32 Night Shift Differential (MWE)	0.00	33 Hazard Pay (MWE)	0.00	34 13th Month Pay and Other Benefits (maximum of P90,000)	23,668.59	35 De Minimis Benefits	39,149.02	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,885.00	37 Salaries and Other Forms of Compensation	500.00	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	76,202.61
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Part II - Employer Information (Present) 12 Taxpayer: 767 400 518 0000 13 Employer's Name: OFFICEPARTNERS 360, INC. 14 Registered Address: 11F EBLOC 3 TOWER CEBU IT PARK APAS CEBU 14A Zip Code: 6000 15 Type of Employer: <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer Part III - Employer Information (Previous) 16 TIN: _____ 17 Employer's Name: _____ 18 Registered Address: _____ 18A Zip Code: _____	B. TAXABLE COMPENSATION INCOME REGULAR <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>39 Basic Salary</td><td style="text-align: right;">65,624.15</td></tr> <tr><td>40 Representation</td><td style="text-align: right;">0.00</td></tr> <tr><td>41 Transportation</td><td style="text-align: right;">0.00</td></tr> <tr><td>42 Cost of Living Allowance (COLA)</td><td style="text-align: right;">0.00</td></tr> <tr><td>43 Fixed Housing Allowance</td><td style="text-align: right;">0.00</td></tr> <tr><td>44 Others (Specify)</td><td style="text-align: right;">0.00</td></tr> <tr><td>44A _____</td><td style="text-align: right;">0.00</td></tr> <tr><td>44B _____</td><td style="text-align: right;">0.00</td></tr> </tbody> </table>	39 Basic Salary	65,624.15	40 Representation	0.00	41 Transportation	0.00	42 Cost of Living Allowance (COLA)	0.00	43 Fixed Housing Allowance	0.00	44 Others (Specify)	0.00	44A _____	0.00	44B _____	0.00
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Part IV A - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52): 153,826.76 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38): 76,202.61 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52): 77,624.15 22 Add: Taxable Compensation Income from Previous Employer, if applicable: 0.00 23 Gross Taxable Compensation Income (Sum of Items 21 and 22): 77,624.15 24 Tax Due: 0.00 25 Amount of Taxes Withheld 25A Present Employer: 0.00 25B Previous Employer: 0.00 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B): 0.00 27 5% Tax Credit (PERA Act of 2008): 0.00 28 Total Taxes Withheld (sum of items 26 and 27): 0.00	SUPPLEMENTARY 45 Commission: _____ 46 Profit Sharing: _____ 47 Fees Including Director's Fees: _____ 48 Taxable 13th Month Pay Benefits: 12,000.00 49 Hazard Pay: _____ 50 Overtime Pay: _____ 51 Others (Specify) 51A _____ 51B _____ 52 Total Taxable Compensation Income (Sum of Items 39 to 51B): 77,624.15
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I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

51 IVY C. BARTOLABAC Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: 52 JAN CHARISSE LOU TAMPARONG BENCILA Employee Signature Over Printed Name CTC/Valid ID No. of Employee: _____ Place of Issue: _____	Date Signed: _____ Date Signed: _____ Date of Issue: _____ Amount Paid, if CTC: _____
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I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue. 53 IVY C. BARTOLABAC 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 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 pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. 54 JAN CHARISSE LOU TAMPARONG BENCILA Employee Signature Over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)