



For BIR BCS/  
Use Only Form

BIR Form No.  
**2316**

September 2021 (EICS)

**Certificate of Compensation  
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 (02-16-1425)

Print 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 31**

**Part I - Employee Information**

3 TIN **322 - 195 - 094 - 000**

4 Employee's Name (Last Name, First Name, Middle Name) **RAMAYAN, SHANNEVA SANDOVAL**

5 RDO Code **43A**

6 Registered Address

7A Local Home Address

8B Foreign Address

7 Date of Birth (MM/DD/YYYY) **09 15 1992**

8 Contact Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

**Part II - Employer Information (Present)**

12 TIN **000 - 000 - 000 - 101 - 000**

13 Employer's Name **FOUNDEVERASIA INCORPORATED**

14 Registered Address **14A ZIP Code**

15 Type of Employer  Main Employer  Secondary Employer

**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address **18A ZIP Code**

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **192,333.09**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **192,333.09**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **0.00**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer, if applicable **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**

**Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

Item	Description	Amount
29	Basic Salary (including the exempt P250,000 & 980M or the Statutory Minimum Wage of the MWE)	133,179.84
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 P50,000)	11,405.60
35	De Minimis Benefits	34,014.62
36	RSS, GRIS, PHIC & PACS-IRIS Contributions and Union Dues (Employee share only)	13,188.64
37	Salaries and Other Forms of Compensation	543.49
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	192,333.09
<b>II. TAXABLE COMPENSATION INCOME REGULAR</b>		
39	Basic Salary	0.00
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
<b>SUPPLEMENTARY</b>		
45	Commission	0.00
46	Profit Sharing	0.00
47	Fees including Director's Fees	0.00
48	Taxable 13th Month Benefits	0.00
49	Hazard Pay	0.00
50	Overtime Pay	0.00
51	Others (specify)	0.00
51A		0.00
51B		0.00
52	Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

I declare, under the penalties of perjury that this certificate has been made in good faith, verified by means, 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 RA 10963 (Data Privacy Act of 2012) (R.A. No. 10173) for legitimate and lawful purposes.

53 **RONALD PORTULA** Present Employer/Authorized Agent Signature over Printed Name Date Signed

54 **RAMAYAN, SHANNEVA SANDOVAL** Employee Signature over Printed Name Date Signed Amount paid, if CTC

CTC Valid ID No. or Employer Place of Issue Date Issued

**To be accomplished under substituted filing**

55 **RONALD PORTULA** Present Employer/Authorized Agent Signature over Printed Name (head of Accounting/Finance Resource or Authorized Representative)

56 Employee signature over Printed Name

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