



BIR Form No. 2316

September 2024(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

Part I - Employee Information
1 For the Year (YYYY) 2 0 2 5
3 TIN 5 1 2 - 2 2 9 - 3 4 8 - 0 0 0 0
4 Employee's Name (Last Name, First Name, Middle Name) Espano, Gian Nicole Alindajao
5 RDO Code
6 Registered Address
6A ZIP Code
6B Local Home Address
6C ZIP Code
6D Foreign Address
7 Date of Birth (MM/DD/YYYY) 0 5 1 6 2 0 0 3
8 Contact Number
9 Statutory Minimum Wage rate per day
10 Statutory Minimum Wage rate per month
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 10,792.56
30 Holiday Pay (MWE) 1,099.20
31 Overtime Pay (MWE) 0.00
32 Night Shift Differential (MWE) 997.48
33 Hazard Pay (MWE) 0
34 13th Month Pay and Other Benefits (maximum of P90,000) 1,047.55
35 De Minimis Benefits 5,858.78
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 1,700.00
37 Salaries and Other Forms of Compensation
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 21,495.57

Part II - Employer Information (Present)
12 TIN 0 1 0 - 3 7 8 - 6 2 2 - 0 1 0 0 0
13 Employer's Name Strategic Office Support Incorporated
14 Registered Address OAKRIDGE A.S FORTUNA, MANDAUE
14A ZIP Code 6 0 1 4
15 Type of Employer Main Employer
Part III - Employer Information (Previous)
16 TIN
17 Employer's Name
18 Registered Address
18A ZIP Code

B. TAXABLE COMPENSATION INCOME REGULAR
39 Basic Salary
40 Representation
41 Transportation
42 Cost of Living Allowance (COLA)
43 Fixed Housing Allowance
44 Others (specify)
44A
44B
SUPPLEMENTARY
45 Commission
46 Profit Sharing
47 Fees Including Director's Fees
48 Taxable 13th Month Benefits
49 Hazard Pay
50 Overtime Pay
51 Others (specify)
51A
51B
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)

Part IVA - Summary
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 21,547.10
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 21,547.10
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)
22 Add: Taxable Compensation Income from Previous Employer, if applicable
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)
24 Tax Due
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 ROSANNA KATRINA GALLOR Present Employer/Authorized Agent Signature over Printed Name Date Signed 0 3 0 6 2 0 2 5
CONFORME: 54 GIAN NICOLE ALINDAJAO ESPAÑO Present Employer/Authorized Agent Signature over Printed Name Date Signed 0 3 0 7 2 0 2 5
CTC/Valid ID No. of Employee Place of Issue Date Issued Amount paid, if CTC

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.
55 ROSANNA KATRINA GALLOR Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

To be accomplished under substituted filing
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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
56 GIAN NICOLE ALINDAJAO ESPAÑO Employee Signature over Printed Name

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