



For BIR BCS/ Use Only Item

Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

**Certificate of Compensation Payment/Tax Withheld**

BIR Form No. **2316**  
September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21/21-3

1 For the Year (YYYY) **2025**

2 For the Period From (MM/00) **01** / **01** To (MM/00) **01** / **02**

3 TIRI **327 - 268 - 091 - 000**

4 Employer's Name (Last Name, First Name, Middle Name) **MACARIO, CATHERINE ANTIORTA** § PRC Code **126**

5 Registered Address **6A ZIP Code**

6B Local Home Address **6C ZIP Code**

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **01 24 1987** § Contact Number

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

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

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

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

12 TIRI **005 - 057 - 181 - 000**

13 Employer's Name **FOUNDEVER ASIA INCORPORATED**

14 Registered Address **14A ZIP Code**

15 Type of Employer  Main Employer  Secondary Employer

16 TIRI

17 Employer's Name

18 Registered Address **18A ZIP Code**

19 Gross Compensation Income from Present Employer (Sum of Items 29 and 32) **34,321.90**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **34,321.90**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 32) **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**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE **30,046.90**

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) **1,275.00**

35 De Meritis Benefits **3,000.00**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **0.00**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **34,321.90**

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary **0.00**

40 Representation **0.00**

41 Transportation **0.00**

42 Cost of Living Allowance (COLA) **0.00**

43 Field Housing Allowance **0.00**

44 Others (specify) **0.00**

44A **0.00**

44B **0.00**

**SUPPLEMENTARY**

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/We declare, under the penalties provided, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, to be 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 Tax Information and Management System Act, No. 10110 for legitimate and lawful purposes.

53 **EMLIA MORAN** Present Employer/Authorized Agent Signature over Printed Name Date Signed

54 **MACARIO, CATHERINE ANTIORTA** Employee Signature over Printed Name Date Signed

CTC/Valid ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount paid, if CTC \_\_\_\_\_

To be accomplished under substituted filing

55 **EMLIA MORAN** Head of Accounting/ Human Resource or Authorized Representative

56 \_\_\_\_\_ Employee signature over Printed Name

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

