



Certificate of Compensation Payment/Tax Withheld



2316 9/21/ENCS

BIR Form No.
2316

September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

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

<p>1 For the Year (YYYY) <u>2025</u></p> <p>3 TIN <u>746-642-509-000</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>VISTAL, REMBRANT NUNEZ</u></p> <p>5 RDO Code <u>039</u></p> <p>6 Registered Address (POBLACION CORDOVA CEBU)</p> <p>6A ZIP Code</p> <p>6B Local Home Address</p> <p>6C ZIP Code</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY) <u>02-23-1999</u></p> <p>8 Contact Number</p> <p>9 Statutory Minimum Wage rate per day <u>0.00</u></p> <p>10 Statutory Minimum Wage rate per month <u>0.00</u></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>12 TIN <u>009-282-723-000</u></p> <p>13 Employer's Name <u>24-7 INTOUCH PH INC.</u></p> <p>14 Registered Address (3F U.P. TOWN CENTER PH2 KATIPUNAN AVE.)</p> <p>14A ZIP Code <u>1101</u></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN</p> <p>17 Employer's Name</p> <p>18 Registered Address</p> <p>18A ZIP Code</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <u>284,177.69</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <u>284,177.69</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <u>0.00</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>0.00</u></p> <p>24 Tax Due <u>0.00</u></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <u>0.00</u></p> <p>25B Previous Employer, if applicable <u>0.00</u></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u></p> <p>27 5% Tax Credit (PERA Act of 2008) <u>0.00</u></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <u>0.00</u></p>	<p>2 For the Period From (MM/DD) <u>01-01</u> To (MM/DD) <u>12-31</u></p> <p>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <u>214,637.57</u></p> <p>30 Holiday Pay (MWE) <u>0.00</u></p> <p>31 Overtime Pay (MWE) <u>0.00</u></p> <p>32 Night Shift Differential (MWE) <u>0.00</u></p> <p>33 Hazard Pay (MWE) <u>0.00</u></p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) <u>22,669.01</u></p> <p>35 De Minimis Benefits <u>27,296.11</u></p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>19,575.00</u></p> <p>37 Salaries and Other Forms of Compensation <u>0.00</u></p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <u>284,177.69</u></p> <p>39 Basic Salary <u>0.00</u></p> <p>40 Representation <u>0.00</u></p> <p>41 Transportation <u>0.00</u></p> <p>42 Cost of Living Allowance (COLA) <u>0.00</u></p> <p>43 Fixed Housing Allowance <u>0.00</u></p> <p>44 Others (specify)</p> <p>44A <u>0.00</u></p> <p>44B <u>0.00</u></p> <p>45 Commission <u>0.00</u></p> <p>46 Profit Sharing <u>0.00</u></p> <p>47 Fees Including Director's Fees <u>0.00</u></p> <p>48 Taxable 13th Month Benefits <u>0.00</u></p> <p>49 Hazard Pay <u>0.00</u></p> <p>50 Overtime Pay <u>0.00</u></p> <p>51 Others (specify)</p> <p>51A <u>0.00</u></p> <p>51B <u>0.00</u></p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <u>0.00</u></p>
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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 JON KENNETH LAYUG Present Employer/Authorized Agent Signature over Printed Name Date Signed _____

54 VISTAL, REMBRANT NUNEZ Employee Signature over Printed Name Date Signed _____ Amount paid, if CTC _____

CTC/Valid ID No. of Employee SSS-0643169285 Place of Issue _____ Date Issued _____

55 JON KENNETH LAYUG Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

56 VISTAL, REMBRANT NUNEZ Employee Signature over Printed Name

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