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| BIR Form No. 2316 September 2021(ENCS) | Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld | 2316 9:21ENCS |
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

| 1 For the Year (YYYY) <u>2 0 2 5</u> | 2 For the Period From (MMDD) <u>0 1 0 1</u> To (MMDD) <u>0 9 0 8</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|------------|---|------|-----------------------------|------|---|------|--|------|----------------------------|------|--|-----------|-------------------------------|------|---|-----------|--|----------|--|-----------|--|------|---------------------------------------|------|----------------------|------|------------------------|-----------|----------------------------|--|-----------------------------------|------|--------------------------------|------|--|------------|
| Part I - Employee Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 TIN <u>3 0 8 - 9 3 3 - 1 4 4 -</u> | Part IV-B Details of Compensation Income & Tax Withheld from Present Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Employee's Name (Last Name, First Name, Middle Name) <u>RIZADA, RIZA LEZEL CAPA</u> | 5 RDO Code <u>1 2 6</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Registered Address _____ 6A ZIP Code _____ | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6B Local Home Address _____ 6C ZIP Code _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>29 Basic Salary (including the exempt P250,000 & below 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;">17,702.18</td> </tr> <tr> <td>35 De Minimis Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">18,296.00</td> </tr> <tr> <td>37 Salaries and Other Forms of Compensation</td> <td style="text-align: right;">7,996.26</td> </tr> <tr> <td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td> <td style="text-align: right;">43,994.44</td> </tr> </tbody> </table> | | Amount | 29 Basic Salary (including the exempt P250,000 & below 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) | 17,702.18 | 35 De Minimis Benefits | 0.00 | 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 18,296.00 | 37 Salaries and Other Forms of Compensation | 7,996.26 | 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 43,994.44 | | | | | | | | | | | | | | | | |
| | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 Basic Salary (including the exempt P250,000 & below 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) | 17,702.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 De Minimis Benefits | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 18,296.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Salaries and Other Forms of Compensation | 7,996.26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 43,994.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6D Foreign Address _____ | B. TAXABLE COMPENSATION INCOME REGULAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Date of Birth (MM/DD/YYYY) <u>0 7 3 1 1 9 8 8</u> | 8 Contact Number _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Statutory Minimum Wage rate per day _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>39 Basic Salary</td> <td style="text-align: right;">166,806.18</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></td> </tr> <tr> <td>44A Allowances</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>44B _____</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2" style="text-align: center;">SUPPLEMENTARY</td> </tr> <tr> <td>45 Commission</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>46 Profit Sharing</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>47 Fees Including Director's Fees</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>48 Taxable 13th Month Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>49 Hazard Pay</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>50 Overtime Pay</td> <td style="text-align: right;">55,186.81</td> </tr> <tr> <td>51 Others (specify)</td> <td></td> </tr> <tr> <td>51A Bonuses and Incentives</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>51B Retirement Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</td> <td style="text-align: right;">221,992.99</td> </tr> </tbody> </table> | 39 Basic Salary | 166,806.18 | 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) | | 44A Allowances | 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 | 55,186.81 | 51 Others (specify) | | 51A Bonuses and Incentives | 0.00 | 51B Retirement Benefits | 0.00 | 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) | 221,992.99 |
| 39 Basic Salary | 166,806.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44A Allowances | 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 | 55,186.81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 Others (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51A Bonuses and Incentives | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51B Retirement Benefits | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) | 221,992.99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Statutory Minimum Wage rate per month _____ | 11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part II - Employer Information (Present) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 TIN <u>0 0 4 - 6 3 9 - 7 4 4 - 0 0 0</u> | 13 Employer's Name <u>TELEPHILIPPINES, INC</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Registered Address <u>2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City</u> | 14A ZIP Code <u>1 5 5 4</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part IVA - Summary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) | <u>265,987.43</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) | <u>43,994.44</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) | <u>221,992.99</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) | <u>221,992.99</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Tax Due | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Amount of Taxes Withheld | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25A Present Employer | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25B Previous Employer, if applicable | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 5% Tax Credit (PERA Act of 2008) | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Total Taxes Withheld (Item 26 less Item 27) | <u>0.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.

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|---|------------------------------------|
| 53 _____ Present Employer/Authorized Agent/Signature over Printed Name | Date Signed <u>1 0 1 5 2 0 2 5</u> |
| CONFORME: 54 <u>RIZA LEZEL CAPA RIZADA</u> Employee Signature over Printed Name | Date Signed _____ |
| CTC/Valid ID No. _____ Place of _____ | Amount paid, if CTC _____ |