



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

<p>1 For the Year (YYYY) <u>2 0 2 0</u></p> <p>3 TIN <u>325 - 102 - 441 - 0 0 0 0</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>CABUSAS, BEVERLY PACUBAS</u> 5 RDO Code <u>9 8 1</u></p> <p>6 Registered Address _____ 6A ZIP Code _____</p> <p>6B Local Home Address <u>Lower Sto. Niño, Inayawan, Cebu City</u> 6C ZIP Code <u>6000</u></p> <p>6D Foreign Address _____</p> <p>7 Date of Birth (MM/DD/YYYY) <u>01 01 1996</u> 8 Contact Number _____</p> <p>9 Statutory Minimum Wage rate per day _____</p> <p>10 Statutory Minimum Wage rate per month _____</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>4 6 6 - 4 9 1 - 9 6 8 - 0 0 0 0</u></p> <p>13 Employer's Name <u>AZPIRED INC.</u></p> <p>14 Registered Address <u>16F CEBU IT TOWER 2 BOHOL AVENUE BRGY. LUZ CEBU BUSINESS PARK CEBU CITY</u> 14A ZIP Code <u>6 0 0 0</u></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____ 18A ZIP Code _____</p>	<p>2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 7 1 3</u></p> <p>Part I - Employee Information</p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td>27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td><td></td></tr> <tr><td>28 Holiday Pay (MWE)</td><td></td></tr> <tr><td>29 Overtime Pay (MWE)</td><td></td></tr> <tr><td>30 Night Shift Differential (MWE)</td><td></td></tr> <tr><td>31 Hazard Pay (MWE)</td><td></td></tr> <tr><td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">13,312.01</td></tr> <tr><td>33 De Minimis Benefits</td><td></td></tr> <tr><td>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td><td style="text-align: right;">7,651.00</td></tr> <tr><td>35 Salaries and Other Forms of Compensation</td><td style="text-align: right;">0.00</td></tr> <tr><td>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td><td style="text-align: right;">20,963.01</td></tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>37 Basic Salary</td><td style="text-align: right;">110,093.06</td></tr> <tr><td>38 Representation</td><td></td></tr> <tr><td>39 Transportation</td><td></td></tr> <tr><td>40 Cost of Living Allowance (COLA)</td><td></td></tr> <tr><td>41 Fixed Housing Allowance</td><td></td></tr> <tr><td>42 Others (specify)</td><td></td></tr> <tr><td>42A _____</td><td></td></tr> <tr><td>42B _____</td><td></td></tr> </tbody> </table> <p>SUPPLEMENTARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>43 Commission</td><td></td></tr> <tr><td>44 Profit Sharing</td><td></td></tr> <tr><td>45 Fees Including Director's Fees</td><td></td></tr> <tr><td>46 Taxable 13th Month Benefits</td><td></td></tr> <tr><td>47 Hazard Pay</td><td></td></tr> <tr><td>48 Overtime Pay</td><td style="text-align: right;">986.25</td></tr> <tr><td>49 Others (specify)</td><td></td></tr> <tr><td>49A <u>Night Differential</u></td><td style="text-align: right;">3,500.85</td></tr> <tr><td>49B <u>Holiday Pay</u></td><td style="text-align: right;">3,871.36</td></tr> <tr><td>50 Total Taxable Compensation Income (Sum of Items 37 to 49B)</td><td style="text-align: right;">118,451.52</td></tr> </tbody> </table>	Amount	Amount	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)		28 Holiday Pay (MWE)		29 Overtime Pay (MWE)		30 Night Shift Differential (MWE)		31 Hazard Pay (MWE)		32 13th Month Pay and Other Benefits (maximum of P90,000)	13,312.01	33 De Minimis Benefits		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	7,651.00	35 Salaries and Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	20,963.01	37 Basic Salary	110,093.06	38 Representation		39 Transportation		40 Cost of Living Allowance (COLA)		41 Fixed Housing Allowance		42 Others (specify)		42A _____		42B _____		43 Commission		44 Profit Sharing		45 Fees Including Director's Fees		46 Taxable 13th Month Benefits		47 Hazard Pay		48 Overtime Pay	986.25	49 Others (specify)		49A <u>Night Differential</u>	3,500.85	49B <u>Holiday Pay</u>	3,871.36	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	118,451.52
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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.

<p>51 <u>BEVERLY PACUBAS</u> Present Employer/Authorized Agent Signature over Printed Name</p> <p>52 <u>BEVERLY PACUBAS CABUSAS</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. of Employee <u>10958777</u> Place of Issue <u>CEBU CITY</u></p>	<p>Date Signed _____</p> <p>Date Signed _____</p> <p>Date Signed <u>01 17 2020</u> Amount paid, if CTC <u>125</u></p>
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To be accomplished under substituted filing