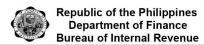
For BIR BCS/ Use Only Item:



BIR Form No. 2316 January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld



For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. M	Mark all appropria	ate boxes with an "	X".					
1 For the Year	2021			2 For the Period	01/01	To (MM/DD)	03/01	
(YYYY) Part I - Employee Information				From (MM/DD) Part IV-B Det	tails of Compensation Ir		thheld from Presen	t Employer
3 TIN 475-188-993-000				A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount				
4 Employee's Name(Last Name, First Name, Middle Name) 5 RDO Code				27 Basic Salary (including the except P250,000 & below)			7,955.27	
APAS, MAE KAREN RONDINA				or the Statutory Minimum Wage of the MWE				7,555.27
6 Registered Address 6A ZIP Code				28 Holiday Pay (MWE)				0.00
PUROK ACACIA, BRGY. ESTACA COMPOSTELA CEBU				20 Overtime Boy (N	NA/⊏\			0.00
6B Local Home Address 6C ZIP Code				29 Overtime Pay (M	ivv⊏)			0.00
PUROK ACACIA, BRGY. ESTACA COMPOSTELA CEBU				30 Night Shift Differential (MWE)				0.00
6D Foreign Address				31 Hazard Pay (MWE)				2.00
				· ` '				0.00
7 Date of Birth(MM/DD/YYYY) 8 Contact Number				32 13th Month Pay and Other Benefits (maximum of P90,000)			0.00	
03/06/1995				,			0.00	
9 Statutory Minimum Wage rate per day 0.00				33De Minimis Benefits				0.00
			34 SSS, GSIS, PHIC & PAG-IBIG Contributions			0.00		
10 Statutory Minimum Wage rate per month 0.00				and Union Dues(<i>Employee share only</i>)				
Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				35Salaries and Other Forms of Compensation			5,747.20	
Part II - Employer Information (Present)				36Total Non-Taxable/Exempt Compensation				13,702.47
12 TIN 452920934000				Income(Sum of Items 27 to 35) B. TAXABLE COMPENSATION INCOME REGULAR				,.
13 Employer's Name								
GO VIRTUAL ASSISTANTS,	, INC.			37 Basic Salary				0.00
14 Registered Address 14A ZIP Code				38 Representation				0.00
9TH FLOOR I1 BUILDING, JOSE MARIA DEL MAR ST., IT PA 6000				·				
15 Type of Employer ☑ Main Employer ☐ Secondary Employer				39 Transportation			0.00	
Part III - Employer Information (Previous)				40 Cost of Living Allowance (COLA)				0.00
. , ,				- Cook of Elving / Monarios (CoE) (
16 TIN				41 Fixed Housing Allowance				0.00
17 Employer's Name				42 Others(specify)				
18 Registered Address 18A ZIP Code				42A			0.00	
18 Registered Address 18A ZIP Code				42B				0.00
Part IVA - Summary				SUPPLEMENTA	.RY			
19 Gross Companyation Income from Present				43 Commission				0.00
Employer (Sum of Items 36 and 50)								
20 Less : Total Non-Taxable/Exempt Compensation				44 Profit Sharing 0.00				
Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present				45 Fees Including Director's Fees 0.00				
Employer (Item 19 Less Item 20) (From Item 50)								
22 Add: Taxable Compensation Income from 0.00				46 Taxable 13th Month Benefits 0.00				
Previous Employer, if applicable			47 Hazard Pay 0.00					
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)								
24 Tax Due 0.00			48 Overtime Pay 0.00					
25 Amount of Taxes Withheld			49 Others(specify)					
25A Present Employer 0.00			49A				0.00	
25B Previous Employer, if	f applicable		0.00	49B				0.00
26 Total Amount of Taxes Withheld as adjusted 0.00			50 Total Taxable Compensation Income				0.00	
(Sum of Items 25A and 25B)				(Sum of Items 37 to	,			
I/We declare, under the penalt provisions of the National Interna								
contemplated under the *Data P	Privacy Act of 2012		r legitimate and lav	vful purposes.				
51	Ger	hagwn Mine Sagun						
		d Agent Signatur	e over Printed N	lame	Date Signed 03	19 20)21	
	,							
52	MAE	E KAREN APAS						
Employee Signature over Printed Name				Date Signed				
CTC/Valid ID No. of Employee		Place of Issue			Date Signed			Date Signed
or Employee		13300	To be seen	alished under out	stituted filing			
To be accomplished under substituted filing I declare, under the penalties of perjury that I am qualified under substituted								
I declare, under the	-				filing of Income Tax	Return (BIR For	m No. 1700), since I re	eceive purely
reported under BIR Form No. 1604-C which has been filed with the Bure Revenue.				eau or internal	compensation incon calendar year; that taxes	-	employer in the Phili ectly withheld by my o	•
magun				equals tax withheld); that the BIR For		at the BIR Form N	lo. 1604-C filed by my	employer to the
53 Geraline Sagun					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.			
Present Employer/Authorized Agent Signature over Printed N				lame				
(Head of Accounting/Human Resource or Authorized Represen				ntative)	54		REN APAS	
					Emplo	yee Signature	over Printed Name	