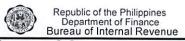
BCS/



BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)		For Cor	npensation	Payment With o	r W	/ithout Tax Withheld		2316 09/21 ENCS	
Fill in all applicable spaces. No. 1 For the Year		priate bo	xes with an	1 "X"		For the Period			
(YYYY)	(YYYY) 2025,				Ī	From (MM/DD)	01 01	To (MM/DD) 08 03	
Part I - Employee Information 3 TIN						Part IV-B Details of Compensation Income and Tax Withheld from Present Employer			
3 1110					A.	NON-TAXABLE/EXEMPT COMPENS	SATION INC	OME	
4 Employee's Name (Last Name	e, First Name,	Middle N	ame)	5 RDO Code]_			Amount	
FERNANDEZ, JEROME DECANO 039					29	Basic Salary (including the exempt P2 or the Statutory Minimum Wage of the		117,642.87	
6 Registered Address 6A Zip Code					30	Holiday Pay (MWE)		0.00	
					31	Overtime Pay (MWE)			
6B Local Home Address 6C Zip Code								0.00	
					32	Night Shift Differential (MWE)		0.00	
6D Foreign Address 6E Zip Code					33	Hazard Pay (MWE)		0.00	
					_{2,4}	1 13th Month Bay and Other Banefite		0.00	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number					1"	13th Month Pay and Other Benefits (maximum of P90,000)		18,957.00	
					35	De Minimis Benefits		0.00	
9 Statutory Minimum Wage rate	e per day			0.00	36	SSS, GSIS, PHIC & PAG-IBIG Contri	butions [16,890.68	
10. Statutory Minimum Wago ra	to nor month			0.00		and Union Dues (Employee share only Salaries and Other Forms of Compen		10,830.08	
10 Statutory Minimum Wage rate per month				0.00	31	Salaries and Other Forms or Compen	sation	0.00	
11 Minimum Wage Earner whose compensation is exempt from					38	Total Non-Taxable/Exempt Compensation	ation	153,490.55	
withholding tax and not subject to income tax Part II - Employer Information (Present)						Income (Sum of Items 29 to 37)			
12 Taxpayer	1				B	TAXABLE COMPENSATION INCOM	E REGIII AR		
	001	006	176	0000			L KLOULAN		
13 Employer's Name	LITUODITY				39	Basic Salary		0.00	
LAND REGISTRATION A	UTHORITY				40	Representation	Γ		
14 Registered Address	DOAD DIA	VAHAN	DILINAAN	14A Zip Code	41	Transportation	_		
EAST AVENUE COR NIA	ROAD PIN	YAHAN	DILIMAN	1100]	Transportation			
15 Type of Employer	Main Em	ployer	Second	dary Employer	42	Cost of Living Allowance (COLA)			
Part III - En	nployer Infor	mation (F	revious)		43	Fixed Housing Allowance			
16 TIN				10	44	Others (Specify)	L		
17 Employer's Name		Remarks				44A		0.00	
						14B	_	0.00	
18 Registered Address				18A Zip Code		448			
						CUDDI EMENTADV			
	Part IVA	Summa	ry			SUPPLEMENTARY			
19 Gross Compensation Incom		nt		153,490.55	45	Commission			
Employer (Sum of Items 38 20 Less: Total Non-Taxable/Exemp		, =		153,490.55	46	Profit Sharing			
Income from Present Employer		<u> </u>							
21 Taxable Compensation Income Employer (Item 19 Less Item 20		2)		0.00	47	Fees Including Director's Fees			
22 Add: Taxable Compensation				0.00	48	Taxable 13th Month Pay Benefits		0.00	
Previous Employer, if applic 23 Gross Taxable Compensation		1		0.00	49	Hazard Pay			
(Sum of Items 21 and 22)				0.00					
24 Tax Due				0.00	50	Overtime Pay			
25 Amount of Taxes Withheld					51	Others (Specify)			
25A Present Employer				0.00		51A			
25B Previous Employer				0.00		51B			
26 Total Amount of Taxes Withheld	d as adjusted				52	Total Taxable Compensation Income		0.00	
(Sum of Items 25A and 25B				0.00	1	(Sum of Items 39 to 51B)		0.00	
27 5% Tax Credit (PERA Act o	f 2008)			0.00					
28 Total Taxes Withheld (sum of		2-602 tolling	E-1-1-1	0.00					
the provisions of the National Inter	rnal Revenue Coo	de, as amen	ded, and the re	egulations issued und	er au	ied by us, and to the best of my/our knowledge a uthority thereof. Further, I/we give my/our conser	nt to the process	ing of my/our information	
as contemplated under the *Data i	JAJKUS N			iumate and lawful pur	pose	98.			
Present Employer		W. Charles		ed Name	Da	te Signed , , ,		Y 1	
CONFORME:		- 3		osa Kasalasi (P					
52 JER	OME DECAN	10 FERN	ANDEZ		Dat	te Signed			
02	ployee Signature	Mary Control of the C	SECTION CONTRACTOR					Amount Paid, if CTC	
CTC/Valid ID No.		Place of	f		Da	te of Issue	1 1		
of Employee						nder substituted filing			
I declare, under the penalties of pe under BIR Form No. 1604C which ha	erjury, that the in s been filed with	formation he the Bureau	erein stated are of Internal Reve	reported enue.	Inc	declare,under the penalties of perjury that I am quome Tax Returns(BIR Form No. 1700), since I re	ceived purely co	ompensation income	
					fron	n only one employer in the Philippines for the rectly withheld by my employer (tax due equals to	e calendar year ax withheld); tha	that taxes have been at the BIR Form	
					No.	. 1604-C filed by my employer to the BIR shall of that BIR Form No. 2316 shall serve the same p	onstitute as my	income tax return;	
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)						been filed pursuant to the provisions of Revenu			
						54	O D-i-1	Maria	