



BIR Form No. <b>2316</b> January 2018 (ENCS)		<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld		 2316 01/18ENCS	
1 For the Year (YYYY) <b>2022</b>		2 For the Period From (MM/DD) <b>01/01</b>		To (MM/DD) <b>12/31</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>			
3 TIN <b>160 - 563 - 666 - 000</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount			
4 Employee's Name (Last Name, First Name, Middle Name) <b>GO, ZACHARY SEE</b>		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE <b>-</b>			
5 RDO Code <b>126</b>		28 Holiday Pay (MWE) <b>-</b>			
6 Registered Address <b>#15 F. LLAMAS ST., BASAK SAN NICOLAS, CEBU CITY</b>		29 Overtime Pay (MWE) <b>-</b>			
6A ZIP Code <b>6000</b>		30 Night Shift Differential (MWE) <b>-</b>			
6B Local Home Address		31 Hazard Pay (MWE) <b>-</b>			
6C ZIP Code		32 13th Month Pay and Other Benefits (maximum of P90,000) <b>90,000.00</b>			
6D Foreign Address		33 De Minimis Benefits <b>25,499.04</b>			
7 Date of Birth (MM/DD/YYYY) <b>12/28/1972</b>		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>23,442.12</b>			
8 Contact Number		35 Salaries and Other Forms of Compensation <b>-</b>			
9 Statutory Minimum Wage rate per day		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>138,941.16</b>			
10 Statutory Minimum Wage rate per month		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>			
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		37 Basic Salary <b>411,754.47</b>			
<b>Part II - Employer Information (Present)</b>		38 Representation <b>-</b>			
12 TIN <b>002 - 726 - 207 - 000</b>		39 Transportation <b>-</b>			
13 Employer's Name <b>WESERV SYSTEMS INTERNATIONAL, INC.</b>		40 Cost of Living Allowance (COLA) <b>-</b>			
14 Registered Address <b>11/F TWO NEO BLDG., 3RD AVE. COR. 28TH ST. BONIFACIO GLOBAL CITY, TAGUIG CITY</b>		41 Fixed Housing Allowance <b>-</b>			
14A ZIP Code <b>1634</b>		42 Others (specify) <b>42A Other Earnings 197,178.13</b>			
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42B <b>-</b>			
<b>Part III - Employer Information (Previous)</b>		<b>SUPPLEMENTARY</b>			
16 TIN		43 Commission <b>-</b>			
17 Employer's Name		44 Profit Sharing <b>-</b>			
18 Registered Address		45 Fees Including Director's Fees <b>-</b>			
18A ZIP Code		46 Taxable 13th Month Benefits <b>13.24</b>			
<b>Part IVA - Summary</b>		47 Hazard Pay <b>-</b>			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>747,887.00</b>		48 Overtime Pay <b>-</b>			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>138,941.16</b>		49 Others (specify) <b>49A -</b>			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>608,945.84</b>		49B <b>-</b>			
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>-</b>		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <b>608,945.84</b>			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>608,945.84</b>					
24 Tax Due <b>82,236.46</b>					
25 Amount of Taxes Withheld					
25A Present Employer <b>82,236.46</b>					
25B Previous Employer, if applicable <b>-</b>					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>82,236.46</b>					
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.					
51 <b>ARISTEO A. CATALUNA</b> Present Employer/Authorized Agent Signature over Printed Name		Date Signed			
<b>CONFORME:</b> 52 <b>ZACHARY S. GO</b> Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee		Place of Issue		Date Signed	
<b>To be accomplished under substituted filing</b>					
53 <b>ARISTEO A. CATALUNA</b> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)			54 <b>ZACHARY S. GO</b> Employee Signature over Printed Name		