




BIR Form No. 2316 September 2021(ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 9/21 ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X".					
1 For the Year (YYYY) 2 0 2 4		2 For the Period From (MM/DD) 0 2 1 3 To (MM/DD) 1 2 3 1			
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN 6 1 4 - 6 1 4 - 3 4 8 -		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) ABALETA, OLIVER CATIBOG		5 RDO Code			
6 Registered Address		6A ZIP Code			
6B Local Home Address		6C ZIP Code			
6D Foreign Address					
7 Date of Birth (MM/DD/YYYY) 1 1 2 8 1 9 9 7		8 Contact Number 9776678213			
9 Statutory Minimum Wage rate per day		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00			
10 Statutory Minimum Wage rate per month		30 Holiday Pay (MWE) 0.00			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		31 Overtime Pay (MWE) 0.00			
Part II - Employer Information (Present)		32 Night Shift Differential (MWE) 0.00			
12 TIN 0 0 8 - 6 7 4 - 1 8 0 - 0 0 0 0		33 Hazard Pay (MWE) 0.00			
13 Employer's Name COLLABERA TECHNOLOGIES PRIVATE LIMITED INC		34 13th Month Pay and Other Benefits (maximum of P90,000) 18,333.33			
14 Registered Address 40TH FLOOR RUFINO PACIFIC TOWER 6784 AYALA AVENUE MAKATI CITY		35 De Minimis Benefits 21,000.00			
14A ZIP Code 1 2 2 6		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 18,500.00			
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Salaries and Other Forms of Compensation 275.86			
Part III - Employer Information (Previous)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 58,109.19			
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR			
17 Employer's Name		39 Basic Salary 194,258.62			
18 Registered Address		40 Representation 0.00			
18A ZIP Code		41 Transportation 0.00			
Part IVA - Summary		42 Cost of Living Allowance (COLA) 0.00			
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 282,586.52		43 Fixed Housing Allowance 0.00			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 58,109.19		44 Others (specify) 44A 0.00 44B 0.00			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 224,477.33		SUPPLEMENTARY			
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		45 Commission 0.00			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 224,477.33		46 Profit Sharing 0.00			
24 Tax Due 0.00		47 Fees Including Director's Fees 0.00			
25 Amount of Taxes Withheld		48 Taxable 13th Month Benefits 0.00			
25A Present Employer 0.00		49 Hazard Pay 0.00			
25B Previous Employer, if applicable 0.00		50 Overtime Pay 30,218.71			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00		51 Others (specify) 51A 0.00 51B 0.00			
27 5% Tax Credit (PERA Act of 2008) 0.00		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 224,477.33			
28 Total Taxes Withheld (Item 26 less Item 27) 0.00					
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.					
53 FE CELESTE REGIO Present Employer/Authorized Agent Signature over Printed Name		Date Signed 0 1 2 7 2 0 2 5			
CONFORME: 54 ABALETA, OLIVER CATIBOG Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee		Date Issued 0 2 1 0 2 0 2 5			
Place of Issue		Amount paid, if CTC			
To be accomplished under substituted filing					
I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue. 55 FE CELESTE REGIO Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)			I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the 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. 56 ABALETA, OLIVER CATIBOG Employee Signature over Printed Name		