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| 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 0 2 1 0 2 0 2 5 | | | |
| CTC/Valid ID No. of Employee | | Place of Issue | | Date Issued | |
| 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 | | |