



BIR Form No. 2316 September 2021(ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 9/21ENCS	
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) To (MM/DD) 0 2 1 3 To 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		Amount			
5 RDO Code		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00			
6 Registered Address		30 Holiday Pay (MWE) 0.00			
6A ZIP Code		31 Overtime Pay (MWE) 0.00			
6B Local Home Address		32 Night Shift Differential (MWE) 0.00			
6C ZIP Code		33 Hazard Pay (MWE) 0.00			
6D Foreign Address		34 13th Month Pay and Other Benefits (maximum of P90,000) 18,333.33			
7 Date of Birth (MM/DD/YYYY) 1 1 2 8 1 9 9 7		35 De Minimis Benefits 21,000.00			
8 Contact Number 9776678213		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 18,500.00			
9 Statutory Minimum Wage rate per day		37 Salaries and Other Forms of Compensation 275.86			
10 Statutory Minimum Wage rate per month		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 58,109.19			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR			
Part II - Employer Information (Present)		39 Basic Salary 194,258.62			
12 TIN 0 0 8 - 6 7 4 - 1 8 0 - 0 0 0 0 0		40 Representation 0.00			
13 Employer's Name COLLABERA TECHNOLOGIES PRIVATE LIMITED INC		41 Transportation 0.00			
14 Registered Address 40TH FLOOR RUFINO PACIFIC TOWER 6784 AYALA AVENUE MAKATI CITY		42 Cost of Living Allowance (COLA) 0.00			
14A ZIP Code 1 2 2 6		43 Fixed Housing Allowance 0.00			
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		44 Others (specify)			
Part III - Employer Information (Previous)		44A 0.00			
16 TIN		44B 0.00			
17 Employer's Name		SUPPLEMENTARY			
18 Registered Address		45 Commission 0.00			
18A ZIP Code		46 Profit Sharing 0.00			
Part IV-A - Summary		47 Fees Including Director's Fees 0.00			
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 282,586.52		48 Taxable 13th Month Benefits 0.00			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 58,109.19		49 Hazard Pay 0.00			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 224,477.33		50 Overtime Pay 30,218.71			
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		51 Others (specify)			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 224,477.33		51A 0.00			
24 Tax Due 0.00		51B 0.00			
25 Amount of Taxes Withheld 25A Present Employer 0.00		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 224,477.33			
25B Previous Employer, if applicable 0.00					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00					
27 5% Tax Credit (PERA Act of 2008) 0.00					
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" (RA 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		Date Issued			
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			