

BIR Form No. **2316**September 2021 (ENCS

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

Employee Signature Over Printed Name

Fill in all applicable spaces. Mark all appropriate boxes with an "X" 1 For the Year					2 For th	e Period			(22)	
(YYYY)				From	(MM/DD)	01 01 mpensation Inco	To (MM/	(DD) 12 31 eld from Present Employer		
3 TIN 220	023	346	000			XABLE/EXEMPT			Amount	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code						Salary (including the o	exempt P250,000 /age of the MWE	& below)	0.00	
FLORES, RYAN JAY LACUESTA 050						ay Pay (MWE)		Ī	0.00	
6 Registered Address 13-C San Miguel Batis San Juan 1500 National Capital Region (Manila) Philippines					31 Overt	ime Pay (MWE))	ř	0.00	
6B Local Home Address 6C Zip Code					32 Night	Shift Differentia	al (MWE)	F	0.00	
6D Foreign Address					33 Haza	rd Pay (MWE)		F	0.00	
OD Foreign Address					34 13th I	Month Pay & Ot	her Benefits	F	90,000.00	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number					(maximum of P90,000) 35 De Minimis Benefits				,	
9 Statutory Minimum Wage rate per day							PAG-IBIG Co	L ntributions	128,742.56	
					36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee Share Only)				48,500.00	
10 Statutory Minimum Wage rate per month						ies & Other For	•	<u> </u>	0.00	
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax						Non-Taxable/E: ne (Sum of Items		ensation	267,242.56	
Part II - Employer Information (Present) 12 TIN 000 108 316 000						LE COMPENSATIO	ON INCOME REC	GULAR		
13 Employer's Name						Salary		г	0.705.400.00	
FINASTRA PHILIPPINES, INC.						,		<u> </u>	3,765,132.28	
14 Registered Address 14A Zip Code 16F GLAS Tower Opal Road corner Topaz Road corner Ruby Road, Ortigas Contra Pagin City, Metro Mapila, Philippines 1600					40 Representation				0.00	
Center, Pasig City, Metro Manila, Philippines 1600 15 Type of Employer X Main Employer Secondary Employer					41 Transportation 42 Cost of Living Allowance (COLA)				0.00	
31 13	III - Employer I					, and the second	` ,	Ļ	0.00	
16 TIN						Housing Allowa 's (specify)	ance	L	0.00	
19 Employer's Name						Salaries & Oth Compensation		$\neg \neg$	0.00	
18 Registered Address 18A Zip Code					44B	, ,		T i	0.00	
						PLEMENTARY				
Part IV-A Summarv 19 Gross Compensation Income from Present 5,379,723.03					45 Comr 46 Profit			Ļ	0.00	
Employer (Sum of Items 38 and 52)							=	Ļ	0.00	
Income from Present Employer (From Item 38) 21 Taxable Compensation Income from Present			_	267,242.56	47 Fees Including Director's Fees				0.00	
Employer (Item 19 less Item 20) (From Item 52) 22 Add: Taxable Compensation Income from			5	,112,480.47	48 Taxable 13th Month Benefits				1,027,902.69	
Previous Employer, if applicable 23 Gross Taxable Compensation Income			-	0.00	49 Hazard Pay				0.00	
(Sum of Items 21 and 22)				,112,480.47	50 Overtime Pay 51 Others (specify)				0.00	
24 Tax Due 25 Amount of Taxes V		,336,244.14	51 Othei 51A	Salaries & Other			319,445.50			
25A Present Employer 25B Previous Employer, if applicable			1	,336,244.14	51B	Compensation			0.00	
26 Total Amount of Taxes Withheld as Adjusted			1	,336,244.14		Taxable Compe	ensation Incor	me [5,112,480.47	
(Sum of Items 25A and 27 5% Tax Credit (PE	nd 25B)	ĺ		0.00		of Items 39 to 51E		L	5,112,460.47	
,	ŕ	i	1							
28 Total Taxes Withheld (Sum of Items 26 and 27) 1,336,244.14 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 and contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.										
53 MARIA KAITRINA ELLORIN-CEQUIÑA Present Employer/Authorized Agent Signature Over Printed Name						Date Signed	d			
CONFORME: 54 RYAN JAY L. FLORES						Date Signed	d			
CTC/Valid ID No.		ature Over Printe	ed Name e of			Date Issued	, [Amount paid, if CTC	
of Employee		15500	To be a	ccomplished u		uted filing				
I declare, under the reported under BIR finternal Revenue.	iled with the B	(BIR Form for the cale	No.1700), since I receive endar year, that taxes have	ed purely compensation we been correctly withh	n income from only one eld by my employer (ta:	d filing of Income Tax Return employer in the Philippines x due equals tax withheld): that				
55MARIA KAIRINA ELLORIN-CEQUIÑA							e purpose as if BIR Fo		ncome tax return; and that BIR filed pursuant to the provisions	
Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resource or Authorized Representative)						56 RYAN JAY L. FLORES				