

BIR Form No.
2316

September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 09/21 ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2024**2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31****Part I - Employee Information**3 TIN **427 038 085 0000**4 Employee's Name (Last Name, First Name, Middle Name) **TAPEL, BENJILITO LEYSON**5 RDO Code **080**6 Registered Address **SAN MIGUEL OWAK ASTURIAS CEBU 6042**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **11 02 1987**

8 Telephone Number

9 Statutory Minimum Wage rate per day **0.00**10 Statutory Minimum Wage rate per month **0.00**11 ☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**12 Taxpayer **004 264 371 0000**13 Employer's Name **CEBU ASIATIC SHIPPING & PORT SERVICES, INC.**14 Registered Address **WCIP-SEZ THI COMPOUND BUANOY BALAMBAN**14A Zip Code **6041**15 Type of Employer ☐ Main Employer ☐ Secondary Employer**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address

18A Zip Code

Part IVA - Summary19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **297,212.51**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **79,939.97**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **217,272.54**22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **217,272.54**24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**25B Previous Employer **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 (sum of items 26 and 27) **0.00****Part IV-B Details of Compensation Income and Tax Withheld from Present Employer****A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

Amount

29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) **0.00**30 Holiday Pay (MWE) **0.00**31 Overtime Pay (MWE) **0.00**32 Night Shift Differential (MWE) **0.00**33 Hazard Pay (MWE) **0.00**34 13th Month Pay and Other Benefits (maximum of P90,000) **22,311.48**35 De Minimis Benefits **36,950.00**36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **20,678.49**37 Salaries and Other Forms of Compensation **0.00**38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **79,939.97****B. TAXABLE COMPENSATION INCOME REGULAR**39 Basic Salary **126,048.84**

40 Representation

41 Transportation

42 Cost of Living Allowance (COLA)

43 Fixed Housing Allowance

44 Others (Specify)

44A **91,223.70**

44B

SUPPLEMENTARY

45 Commission

46 Profit Sharing

47 Fees Including Director's Fees

48 Taxable 13th Month Pay Benefits **0.00**

49 Hazard Pay

50 Overtime Pay

51 Others (Specify)

51A

51B

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **217,272.54**

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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 **ARCHIE A. COMETA**

Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed **0 2 1 0 2 0 2 5**

CONFORME:

52 **BENJILITO LEYSON TAPEL**

Employee Signature Over Printed Name

Date Signed **0 2 1 1 2 0 2 5**CTC/Valid ID No. of Employee **CRN-0006-243509-0** Place of Issue

Date 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. 1604C which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (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.

53 **ARCHIE A. COMETA**

Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54

BENJILITO LEYSON TAPEL

Employee Signature Over Printed Name