



BIR Form No. <b>2316</b> September 2021(ENCS)	<b>Certificate of Compensation Payment/Tax Withheld</b> 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) <b>2024</b>	2 For the Period From (MM/DD) <b>0101</b> To (MM/DD) <b>1231</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>
3 TIN <b>213052406-000</b>	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>CRUZ, KAREN YUVIENCO</b>	Amount	
5 RDO Code <b>21A</b>	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
6 Registered Address <b>c/o RMS COLLECT PHILS., INC.-DASMA</b>	30 Holiday Pay (MWE)	0.00
6A ZIP Code	31 Overtime Pay (MWE)	0.00
6B Local Home Address <b>B3 L 34 WOODLANE 1C MALAGASANG 1AIMUS Cavite</b>	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)	76,879.09
7 Date of Birth (MM/DD/YYYY) <b>01021982</b>	35 De Minimis Benefits	58,320.00
8 Contact Number	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	24,431.53
9 Statutory Minimum Wage rate per day	37 Salaries and Other Forms of Compensation	0.00
10 Statutory Minimum Wage rate per month	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	159,630.62
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
<b>Part II - Employer Information (Present)</b>		
12 TIN <b>008869116</b>	39 Basic Salary & Other Inc.	248,880.11
13 Employer's Name <b>RMS COLLECT PHILS., INC.-DASMA</b>	40 Representation	0.00
14 Registered Address <b>3F SM CITY DASMA ANNEX GOVERNOR'S DRIVE PALA-PALA DASMARINAS CITY CAVITE 4114</b>	41 Transportation	0.00
14A ZIP Code	42 Cost of Living Allowance (COLA)	0.00
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	43 Fixed Housing Allowance	0.00
<b>Part III - Employer Information (Previous)</b>		
16 TIN	44 Others (specify)	
17 Employer's Name	44A	0.00
18 Registered Address	44B	0.00
18A ZIP Code	<b>SUPPLEMENTARY</b>	
<b>Part IVA - Summary</b>		
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	443,957.60	45 Commission
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	159,630.62	46 Profit Sharing
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	284,326.98	47 Fees Including Director's Fees
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	48 Taxable 13th Month Benefits
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	284,326.98	49 Hazard Pay
24 Tax Due	5,149.05	50 Overtime Pay
25 Amount of Taxes Withheld		51 Others (specify)
25A Present Employer	5,149.05	51A
25B Previous Employer, if applicable	0.00	51B
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	5,149.05	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)
27 5% Tax Credit (PERA Act of 2008)	0.00	284,326.98
28 Total Taxes Withheld (Sum of Items 26 and 27)	5,149.05	
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 <b>MARLON G. SAMSON (VP FINANCE)</b> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <b>01272025</b>	
CONFORME:		
54 <b>KAREN Y. CRUZ</b> Employee Signature over Printed Name	Date Signed	Amount paid, if CTC
CTC/valid ID No. of Employee <b>SSS ID# 33-6567959-7</b>	Date Issued	
<b>To be accomplished under substituted filing</b>		
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.	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.	
55 <b>MARLON G. SAMSON (VP FINANCE)</b> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	56 <b>KAREN Y. CRUZ</b> Employee Signature over Printed Name	