

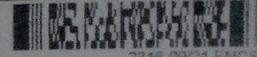


Form No. 2316

September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 09/21 ENCS

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: 179, 504, 958, 0000
4 Employee's Name: ZABALA, MICHAEL SORIANO
5 RDC Code: 038
6 Registered Address: 4 VIRGO ST., CARMEL V. SUBD. TANDANG SORA
6A Zip Code:
6B Local Home Address:
6C Zip Code:
6D Foreign Address:
6E Zip Code:
7 Date of Birth (MM/DD/YYYY): 05 24 1975
8 Telephone Number:
9 Statutory Minimum Wage rate per day: 610.00
10 Statutory Minimum Wage rate per month: 15,910.83
11 [X] Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE): 159,223.24
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): 14,584.93
35 De Minimis Benefits: 0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only): 15,795.89
37 Salaries and Other Forms of Compensation: 0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37): 189,604.06

Part II - Employer Information (Present)
12 Taxpayer: 258, 989, 209, 0000
13 Employer's Name: LEE ANDREW CRUZ ENTERPRISES, INC.
14 Registered Address: 165 DANGAY STREET VETERANS VILLAGE PROJECT
14A Zip Code: 1105
15 Type of Employer: [] Main Employer [] Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR
39 Basic Salary: 0.00
40 Representation:
41 Transportation:
42 Cost of Living Allowance (COLA):
43 Fixed Housing Allowance:
44 Others (Specify):
44A: 0.00
44B:

Part III - Employer Information (Previous)
16 TIN:
17 Employer's Name:
18 Registered Address:
18A Zip Code:

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:

Part IVA - Summary
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52): 189,604.06
20 Less Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38): 189,604.06
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52): 0.00
22 Add Taxable Compensation Income from Previous Employer, if applicable: 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22): 0.00
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

52 Total Taxable Compensation Income (Sum of Items 39 to 51B): 0.00

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 (RA No. 10173) for legitimate and lawful purposes.

51 Present Employer/ Authorized Agent Signature Over Printed Name: MARITES MICHILINA

Date Signed: [] [] [] [] [] [] [] [] [] []

CONFORME: 52 Employee Signature Over Printed Name: MICHAEL SORIANO ZABALA

Date Signed: [] [] [] [] [] [] [] [] [] []

Amount Paid, if CTC: [] [] [] [] [] [] [] [] [] []

CTC/Valid ID No. of Employee: [] [] [] [] [] [] [] [] [] []

Date of Issue: [] [] [] [] [] [] [] [] [] []

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

54 Employee Signature Over Printed Name: MICHAEL SORIANO ZABALA