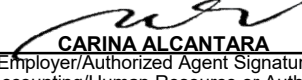




BIR Form No. 2316 January 2018 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 01/1z8ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X".					
1 For the Year (YYYY) 2 0 2 5		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 3 1			
Part I - Employee Information					
3 TIN 7 5 7 - 0 8 9 - 8 0 0 - 0 0 0		5 RDO Code 0 5 2			
4 Employee's Name (Last Name, First Name, Middle Name) CABILAN, ALFREDO LEQUIGAN		6A ZIP Code 			
6 Registered Address BLK 1 LOT 46 TOWER GROTTVILLE BARANGGAY GRACEVILLE CITY OF SAN JUAN DEL MONTE BULACAN		6B Local Home Address 			
6D Foreign Address 		6C ZIP Code 			
7 Date of Birth (MM/DD/YYYY) 1 0 2 4 1 9 7 9		8 Contact Number 			
9 Statutory Minimum Wage rate per day 		10 Statutory Minimum Wage rate per month 			
11 ☒ Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		Part II - Employer Information (Present)			
12 TIN 2 2 5 - 0 4 1 - 8 5 3 - 0 0 0		13 Employer's Name POLYSTAR GENERAL SERVICES INC.			
14 Registered Address #82 BERNABE STREET, BETTERLIVING SUBDIVISION, DON BOSCO PARANAQUE		14A ZIP Code 1 7 0 0			
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 - Summary					
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		308,674.00			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		308,674.00			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		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		0.00			
25A Present Employer		0.00			
25B Previous Employer, if applicable		0.00			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		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 of 2012 (R.A. No. 10173) for legitimate and lawful purposes.					
51  Present Employer/Authorized Agent Signature over Printed Name		Date Signed 			
CONFORME: 52 ALFREDO L. CABILAN Employee Signature over Printed Name					
CTC/Valid ID No. of Employee 		Place of Issue 		Date Issued 	
To be accomplished under substituted filing					
53  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.			
54 ALFREDO L. CABILAN Employee Signature over Printed Name					

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)