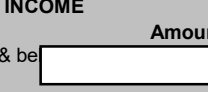




BIR Form No. 2316 September 2021 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 09/21 ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X"					
1 For the Year (YYYY) 2025		2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31			
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer			
3 TIN 256 448 021 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) MALAY, MARIA MICHELLE BATAK		5 RDO Code 043			
6 Registered Address		6A Zip Code			
6B Local Home Address		6C Zip Code			
6D Foreign Address		6E Zip Code			
7 Date of Birth (MM/DD/YYYY) 10 28 1981		8 Telephone Number			
9 Statutory Minimum Wage rate per day 0.00		29 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) 0.00			
10 Statutory Minimum Wage rate per month 0.00		30 Holiday Pay (MWE) 0.00			
11 ☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		31 Overtime Pay (MWE) 0.00			
Part II - Employer Information (Present)		32 Night Shift Differential (MWE) 0.00			
12 Taxpayer 009 529 922 0000		33 Hazard Pay (MWE) 0.00			
13 Employer's Name BOLDR PH, INC.		34 13th Month Pay and Other Benefits (maximum of P90,000) 89,000.00			
14 Registered Address EMERALD AVENUE ORTIGAS CENTER SAN		35 De Minimis Benefits 69,425.29			
14A Zip Code 1605		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 35,700.00			
15 Type of Employer ☐ Main Employer ☐ Secondary Employer		37 Salaries and Other Forms of Compensation 0.00			
Part III - Employer Information (Previous)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 194,125.29			
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR			
17 Employer's Name		39 Basic Salary 455,216.09			
18 Registered Address		40 Representation			
18A Zip Code		41 Transportation			
19 Type of Employer ☐ Main Employer ☐ Secondary Employer		42 Cost of Living Allowance (COLA)			
Part IV-A Summary		43 Fixed Housing Allowance			
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 730,593.64		44 Others (Specify)			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 194,125.29		44A 81,252.26			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 536,468.35		44B			
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		SUPPLEMENTARY			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 536,468.35		45 Commission			
24 Tax Due 49,793.67		46 Profit Sharing			
25 Amount of Taxes Withheld		47 Fees Including Director's Fees			
25A Present Employer 49,793.67		48 Taxable 13th Month Pay Benefits 0.00			
25B Previous Employer 0.00		49 Hazard Pay			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 49,793.67		50 Overtime Pay			
27 5% Tax Credit (PERA Act of 2008) 0.00		51 Others (Specify)			
28 Total Taxes Withheld (sum of items 26 and 27) 49,793.67		51A			
		51B			
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 536,468.35			
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 CLARICE AVILA Present Employer/ Authorized Agent Signature Over Printed Name Date Signed					
CONFORME: MARIA MICHELLE BATAK MALAY Employee Signature Over Printed Name Date Signed					
CTC/Valid ID No. of Employee 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.					
53 CLARICE AVILA 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 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 the Revenue Regulations (RR) No. 3-2002, as amended.					
54 MARIA MICHELLE BATAK MALAY Employee Signature Over Printed Name					