

BIR Form No.
2316

September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

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) 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		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 2 1 1 - 8 2 0 - 4 3 4 -		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) SUMANDE NEIL BENITO G		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
5 RDO Code		30 Holiday Pay (MWE)	
6 Registered Address BLK 4 LOT 11 PHASE 2 DAP DAP ST. STO. NIÑO PASAY CITY		31 Overtime Pay (MWE)	
6A ZIP Code		32 Night Shift Differential (MWE)	
6B Local Home Address		33 Hazard Pay (MWE)	
6C ZIP Code		34 13th Month Pay and Other Benefits (maximum of P90,000) 26,109.00	
6D Foreign Address		35 De Minimis Benefits	
7 Date of Birth (MM/DD/YYYY) 0 7 0 5 1 9 6 9		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 21,182.50	
8 Contact Number		37 Salaries and Other Forms of Compensation	
9 Statutory Minimum Wage rate per day		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 47,291.50	
10 Statutory Minimum Wage rate per month		B. TAXABLE COMPENSATION INCOME REGULAR	
11 ☐ Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		39 Basic Salary 236,355.80	
Part II - Employer Information (Present)		40 Representation	
12 TIN 0 0 0 - 1 6 7 - 0 5 0 - 0 0 0		41 Transportation	
13 Employer's Name Quartz Business Products Corporation		42 Cost of Living Allowance (COLA)	
14 Registered Address 15F Capital House 9th Ave. Cor. 34th Street Fort Bonifacio, Bonifacio Global City, Taguig City		43 Fixed Housing Allowance	
14A ZIP Code 1634		44 Others (specify)	
15 Type of Employer ☐ Main Employer ☐ Secondary Employer		44A	
Part III - Employer Information (Previous)		44B	
16 TIN		SUPPLEMENTARY	
17 Employer's Name		45 Commission	
18 Registered Address		46 Profit Sharing	
18A ZIP Code		47 Fees Including Director's Fees	
Part IVA - Summary		48 Taxable 13th Month Benefits	
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52) 284,019.90		49 Hazard Pay	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 47,291.50		50 Overtime Pay 372.60	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 236,728.40		51 Others (specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		51A	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 236,728.40		51B	
24 Tax Due 0.00		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 236,728.40	
25 Amount of Taxes Withheld			
25A Present Employer 0.00			
25B Previous Employer, if applicable			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00			
27 5% Tax Credit (PERA Act of 2008)			
28 Total Taxes Withheld (Sum of Items 26 and 27) 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.

53 STELLA ANN GONZALES
Present Employer/Authorized Agent Signature over Printed Name

Date Signed 0 1 3 0 2 0 2 6

CONFORME:

54 NEIL BENITO SUMANDE
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee

Place of Issue

Date Issued

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

55 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.

56 NEIL BENITO SUMANDE
Employee Signature over Printed Name