For BIR Use Only | BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. **2316** January 2018 (ENCS)

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY): 2021

2 For the Period From (MM/DD): 0101 To (MM/DD): 0111

## Part I - Employee Information

3 TIN: 218-636-549-

4 Employee's Name (Last Name, First Name, Middle Name): CEMPRON, MICHELLE FERNANDEZ

5 RDO Code: 041

6 Registered Address: Scorpio St Pleasant Homes Subd., Punta

6A ZIP Code:

6B Local Home Address:

6C ZIP Code:

6D Foreign Address:

7 Date of Birth (MM/DD/YYYY): 08061979

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: 010-238-043-0000

13 Employer's Name: Integrated Call Center Solutions (Philippines), Inc

14 Registered Address: 183 EDSA corner Ortigas Ave., Wack Wack,

14A ZIP Code: 1555

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) | 12,407.46 |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) | 2,052.18 |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) | 10,355.28 |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable | 0.00 |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) | 10,355.28 |
| 24 Tax Due | 0.00 |
| 25 Amount of Taxes Withheld 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 |

## Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

| A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | Amount |
|---|---|
| 27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE | 0.00 |
| 28 Holiday Pay (MWE) | 0.00 |
| 29 Overtime Pay (MWE) | 0.00 |
| 30 Night Shift Differential (MWE) | 0.00 |
| 31 Hazard Pay (MWE) | 0.00 |
| 32 13th Month Pay and Other Benefits (maximum of P90,000) | 0.00 |
| 33 De Minimis Benefits | 405.04 |
| 34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 956.73 |
| 35 Salaries and Other Forms of Compensation | 690.41 |
| 36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) | 2,052.18 |
| **B. TAXABLE COMPENSATION INCOME REGULAR** | |
| 37 Basic Salary | 8,071.82 |
| 38 Representation | 0.00 |
| 39 Transportation | 0.00 |
| 40 Cost of Living Allowance (COLA) | 0.00 |
| 41 Fixed Housing Allowance | 0.00 |
| 42 Others (specify) | |
| 42A | 0.00 |
| 42B | 0.00 |
| **SUPPLEMENTARY** | |
| 43 Commission | 0.00 |
| 44 Profit Sharing | 0.00 |
| 45 Fees Including Director's Fees | 0.00 |
| 46 Taxable 13th Month Benefits | 0.00 |
| 47 Hazard Pay | 0.00 |
| 48 Overtime Pay | 2,283.46 |
| 49 Others (specify) | |
| 49A | 0.00 |
| 49B | 0.00 |
| 50 Total Taxable Compensation Income (Sum of Items 37 to 49B) | 10,355.28 |

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 Arlene Quebral
Present Employer/Authorized Agent Signature over Printed Name

Date Signed: 02/23/2021

CONFORME:

52 CEMPRON, MICHELLE FERNANDEZ
Employee Signature over Printed Name

Date Signed:

CTC/Valid ID No. of Employee:

Place of Issue:

Date Signed:

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.

53 Arlene Quebral
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 CEMPRON, MICHELLE FERNANDEZ
Employee Signature over Printed Name

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