



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/></p> <p>Part I - Employee Information</p> <p>3 TIN <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="-"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="-"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="SEBIAL, ALEXANDREI ALBATERA"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text"/> 6A ZIP Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C ZIP Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="-"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="-"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="Teleperformance Philippines, Inc. FHCS"/></p> <p>14 Registered Address <input type="text" value="Aegis PeopleSupport CenterAyala cor. Sen. Gil Puyat Ave.Makati City"/> 14A ZIP Code <input type="text"/></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A ZIP Code <input type="text"/></p> <p>Part IVA - Summary</p> <table style="width:100%;"> <tr> <td style="width:70%;">19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)</td> <td style="width:30%; text-align: right;">-257.68</td> </tr> <tr> <td>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)</td> <td style="text-align: right;">-257.68</td> </tr> <tr> <td>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>22 Add: Taxable Compensation Income from Previous Employer, if applicable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>23 Gross Taxable Compensation Income (Sum of Items 21 and 22)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>24 Tax Due</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>25 Amount of Taxes Withheld</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>25A Present Employer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>25B Previous Employer, if applicable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</td> <td style="text-align: right;">0.00</td> </tr> </table>	19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	-257.68	20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	-257.68	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	<p>2 For the Period From (MM/DD) <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> To (MM/DD) <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/></p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table style="width:100%;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td>27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>28 Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>29 Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>30 Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">0.00</td></tr> <tr><td>33 De Minimis Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td><td style="text-align: right;">0.00</td></tr> <tr><td>35 Salaries and Other Forms of Compensation</td><td style="text-align: right;">-257.68</td></tr> <tr><td>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td><td style="text-align: right;">-257.68</td></tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table style="width:100%;"> <tbody> <tr><td>37 Basic Salary</td><td style="text-align: right;">0.00</td></tr> <tr><td>38 Representation</td><td style="text-align: right;">0.00</td></tr> <tr><td>39 Transportation</td><td style="text-align: right;">0.00</td></tr> <tr><td>40 Cost of Living Allowance (COLA)</td><td style="text-align: right;">0.00</td></tr> <tr><td>41 Fixed Housing Allowance</td><td style="text-align: right;">0.00</td></tr> <tr><td>42 Others (specify)</td><td style="text-align: right;">0.00</td></tr> <tr><td>42A Allowances</td><td style="text-align: right;">0.00</td></tr> <tr><td>42B</td><td style="text-align: right;">0.00</td></tr> </tbody> </table> <p>SUPPLEMENTARY</p> <table style="width:100%;"> <tbody> <tr><td>43 Commission</td><td style="text-align: right;">0.00</td></tr> <tr><td>44 Profit Sharing</td><td style="text-align: right;">0.00</td></tr> <tr><td>45 Fees Including Director's Fees</td><td style="text-align: right;">0.00</td></tr> <tr><td>46 Taxable 13th Month Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>47 Hazard Pay</td><td style="text-align: right;">0.00</td></tr> <tr><td>48 Overtime Pay</td><td style="text-align: right;">0.00</td></tr> <tr><td>49 Others (specify)</td><td style="text-align: right;">0.00</td></tr> <tr><td>49A</td><td style="text-align: right;">0.00</td></tr> <tr><td>49B</td><td style="text-align: right;">0.00</td></tr> <tr><td>50 Total Taxable Compensation Income (Sum of Items 37 to 49B)</td><td style="text-align: right;">0.00</td></tr> </tbody> </table>	Amount	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	0.00	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	0.00	35 Salaries and Other Forms of Compensation	-257.68	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	-257.68	37 Basic Salary	0.00	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)	0.00	42A Allowances	0.00	42B	0.00	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	0.00	49 Others (specify)	0.00	49A	0.00	49B	0.00	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	0.00
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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.

<p>51 <input type="checkbox"/> <u>Kathrine Mendoza Aragon</u> Present Employer/Authorized Agent Signature over Printed Name</p> <p>CONFORME:</p> <p>52 <u>ALEXANDREI ALBATERA SEBIAL</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. of Employee <input type="text" value="3648290"/> Place of Issue <input type="text"/></p>	<p><input type="checkbox"/> Date Signed <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/></p> <p><input type="checkbox"/> Date Signed <input type="text"/></p> <p><input type="checkbox"/> Date Signed <input type="text"/></p> <p style="text-align: right;">Amount paid, if CTC <input type="text"/></p>
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<p>53 <input type="checkbox"/> _____ Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>54 _____ Employee Signature over Printed Name</p>
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)