



BIR Form No. 2316 January 2018 (ENCS)	Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) <u>2 0 2 1</u>	2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>1 2 3 1</u>
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Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN <u>2 9 6 - 1 5 8 - 0 4 6 -</u>	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
4 Employee's Name (Last Name, First Name, Middle Name) <u>Caña, Hernalyn Maban</u>	5 RDO Code <u> </u>	Amount	
6 Registered Address <u> </u>	6A ZIP Code <u> </u>	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	<u> </u>
6B Local Home Address <u>Brgy. Sapangdako</u>	6C ZIP Code <u>6 0 0 0</u>	28 Holiday Pay (MWE)	<u> </u>
6D Foreign Address <u>Cebu City</u>		29 Overtime Pay (MWE)	<u> </u>
7 Date of Birth (MM/DD/YYYY) <u>1 0 3 0 1 9 8 8</u>	8 Contact Number <u>0 9 3 0 1 8 0 1 4 2 8</u>	30 Night Shift Differential (MWE)	<u> </u>
9 Statutory Minimum Wage rate per day <u> </u>		31 Hazard Pay (MWE)	<u> </u>
10 Statutory Minimum Wage rate per month <u> </u>		32 13th Month Pay and Other Benefits (maximum of P90,000)	<u>19,500.00</u>
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		33 De Minimis Benefits	<u>41,471.57</u>
Part II - Employer Information (Present)		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<u>16,432.50</u>
12 TIN <u>2 1 7 - 5 6 9 - 5 0 0 -</u>		35 Salaries and Other Forms of Compensation	<u>0.00</u>
13 Employer's Name <u>TeleTech Customer Care Management Philippines, Inc</u>		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	<u>77,404.07</u>
14 Registered Address <u>Fivecom 10F Harbor Dr MOA Pasay City Metro Manila 1300</u>	14A ZIP Code <u>6 0 0 0</u>	B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Basic Salary	<u>122,711.64</u>
Part III - Employer Information (Previous)		38 Representation	<u> </u>
16 TIN <u> </u>		39 Transportation	<u>10,848.13</u>
17 Employer's Name <u> </u>		40 Cost of Living Allowance (COLA)	<u>0.00</u>
18 Registered Address <u> </u>	18A ZIP Code <u> </u>	41 Fixed Housing Allowance	<u> </u>
Part IVA - Summary		42 Others (specify)	<u> </u>
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	<u>306,315.40</u>	42A <u> </u>	<u> </u>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	<u>77,404.07</u>	42B <u> </u>	<u> </u>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	<u>228,911.33</u>	SUPPLEMENTARY	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<u>0.00</u>	43 Commission	<u> </u>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<u>228,911.33</u>	44 Profit Sharing	<u> </u>
24 Tax Due	<u>0.00</u>	45 Fees Including Director's Fees	<u> </u>
25 Amount of Taxes Withheld	<u>0.00</u>	46 Taxable 13th Month Benefits	<u>0.00</u>
25A Present Employer	<u>0.00</u>	47 Hazard Pay	<u> </u>
25B Previous Employer, if applicable	<u>0.00</u>	48 Overtime Pay	<u>14,164.72</u>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<u>0.00</u>	49 Others (specify)	<u> </u>
		49A <u>Co. Incentives</u>	<u>81,186.84</u>
		49B <u> </u>	<u> </u>
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	<u>228,911.33</u>

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 <u>Anna Liza Cagaoan</u>	Date Signed <u> </u>
Present Employer/Authorized Agent Signature over Printed Name	
CONFORME: 52 <u>Caña, Hernalyn Maban</u>	Date Signed <u> </u>
Employee Signature over Printed Name	
CTC/Valid ID No. <u> </u> Place of Issue <u> </u>	Date Signed <u> </u> Amount paid, if CTC <u> </u>
of Employee	

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.	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 BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2008 as amended.
53 <u>Anna Liza Cagaoan</u>	54 <u>Caña, Hernalyn Maban</u>
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	Employee Signature over Printed Name

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