



Certificate of Compensation Payment/Tax Withheld



BIR Form No.
2316
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) 2 0 2 1</p> <p style="text-align: center;">Part I - Employee Information</p> <p>3 TIN 3 1 8 - 0 1 2 - 5 2 9 - 0 0 0 0 0</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) HITUTUA, CINDY MANAYON 5 RDO Code </p> <p>6 Registered Address C/O SYKES ASIA, INC. 6A ZIP Code </p> <p>6B Local Home Address C/O SYKES ASIA, INC. 6C ZIP Code </p> <p>6D Foreign Address </p> <p>7 Date of Birth (MM/DD/YYYY) 1 0 2 4 1 9 9 3 8 Contact Number </p> <p>9 Statutory Minimum Wage rate per day </p> <p>10 Statutory Minimum Wage rate per month </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 style="text-align: center;">Part II - Employer Information (Present)</p> <p>12 TIN 0 0 5 - 0 5 7 - 1 8 1 - 0 0 0 0 0</p> <p>13 Employer's Name SYKES ASIA, INC.</p> <p>14 Registered Address 10th F, Glorietta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines 14A ZIP Code 1 2 2 4</p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p style="text-align: center;">Part III - Employer Information (Previous)</p> <p>16 TIN </p> <p>17 Employer's Name </p> <p>18 Registered Address 18A ZIP Code </p> <p style="text-align: center;">Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 172,078.17</p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 172,078.17</p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 0.00</p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00</p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00</p> <p>24 Tax Due 0.00</p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer 0.00</p> <p>25B Previous Employer, if applicable 0.00</p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00</p>	<p>2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 9 0 8</p> <p style="text-align: center;">Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount</p> <p>27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 128,278.07</p> <p>28 Holiday Pay (MWE) 0.00</p> <p>29 Overtime Pay (MWE) 0.00</p> <p>30 Night Shift Differential (MWE) 0.00</p> <p>31 Hazard Pay (MWE) 0.00</p> <p>32 13th Month Pay and Other Benefits (maximum of P90,000) 9,614.04</p> <p>33 De Minimis Benefits 22,333.20</p> <p>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 8,253.50</p> <p>35 Salaries and Other Forms of Compensation 3,599.36</p> <p>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 172,078.17</p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>37 Basic Salary 0.00</p> <p>38 Representation 0.00</p> <p>39 Transportation 0.00</p> <p>40 Cost of Living Allowance (COLA) 0.00</p> <p>41 Fixed Housing Allowance 0.00</p> <p>42 Others (specify)</p> <p>42A 0.00</p> <p>42B 0.00</p> <p style="text-align: center;">SUPPLEMENTARY</p> <p>43 Commission 0.00</p> <p>44 Profit Sharing 0.00</p> <p>45 Fees Including Director's Fees 0.00</p> <p>46 Taxable 13th Month Benefits 0.00</p> <p>47 Hazard Pay 0.00</p> <p>48 Overtime Pay 0.00</p> <p>49 Others (specify)</p> <p>49A Salaries and other form of compensation 0.00</p> <p>49B 0.00</p> <p>50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 0.00</p>
---	---

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 VALDEZ, NOEL B. Payroll Director Present Employer/Authorized Agent Signature over Printed Name</p> <p>CONFORME:</p> <p>52 HITUTUA, CINDY MANAYON Employee Signature over Printed Name</p> <p>CTC/Valid ID No. Place of Issue </p> <p>53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>Date Signed </p> <p>Date Signed </p> <p>Date Issued Amount paid, if CTC </p> <p style="text-align: center;">To be accomplished under substituted filing</p> <p>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.</p> <p>54 Employee Signature over Printed Name</p>
---	---

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