



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 2</u>	2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 3 2 5</u>
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Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN <u>5 0 3 - 9 3 2 - 8 5 0 -</u>	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
4 Employee's Name (Last Name, First Name, Middle Name) <u>Carulasan, Chantal Briggitte</u>	5 RDO Code 	Amount	
6 Registered Address 	6A ZIP Code 	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6B Local Home Address <u>Basak Pardo</u>	6C ZIP Code <u>6 0 0 0</u>	28 Holiday Pay (MWE)	
6D Foreign Address <u>Cebu City</u>		29 Overtime Pay (MWE)	
7 Date of Birth (MM/DD/YYYY) <u>0 2 2 6 2 0 0 2</u>	8 Contact Number <u>0 9 1 6 5 3 8 2 7 3 0</u>	30 Night Shift Differential (MWE)	
9 Statutory Minimum Wage rate per day		31 Hazard Pay (MWE)	
10 Statutory Minimum Wage rate per month		32 13th Month Pay and Other Benefits (maximum of P90,000)	2,761.64
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	5,072.48
Part II - Employer Information (Present)		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	2,977.50
12 TIN <u>2 1 7 - 5 6 9 - 5 0 0 -</u>	13 Employer's Name <u>TeleTech Customer Care Management Philippines, Inc</u>		35 Salaries and Other Forms of Compensation
14 Registered Address <u>FiveEcom 10F Harbor Dr MOA Pasav City Metro Manila 1300</u>	14A ZIP Code <u>6 0 0 0</u>	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	10,811.62
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	Part III - Employer Information (Previous)		B. TAXABLE COMPENSATION INCOME REGULAR
16 TIN	17 Employer's Name	18 Registered Address	18A ZIP Code
Part IVA - Summary		37 Basic Salary	33,208.71
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	56,701.62	38 Representation	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	10,811.62	39 Transportation	0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	45,890.00	40 Cost of Living Allowance (COLA)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	41 Fixed Housing Allowance	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	45,890.00	42 Others (specify)	
24 Tax Due	0.00	42A	
25 Amount of Taxes Withheld		42B	
25A Present Employer	0.00	SUPPLEMENTARY	
25B Previous Employer, if applicable	0.00	43 Commission	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	44 Profit Sharing	
		45 Fees Including Director's Fees	
		46 Taxable 13th Month Benefits	0.00
		47 Hazard Pay	
		48 Overtime Pay	6,637.24
		49 Others (specify)	
		49A <u>Co. Incentives</u>	6,044.05
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	45,890.00

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.

51 <u>Cagaoan, Anna Liza B.</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <input style="width:100%;" type="text"/>
CONFORME:	
52 <u>Carulasan, Chantal Briggitte</u> Employee Signature over Printed Name	Date Signed <input style="width:100%;" type="text"/>
CTC/Valid ID No. <input style="width:100%;" type="text"/> of Employee	Date Signed <input style="width:100%;" type="text"/>
Place of Issue <input style="width:100%;" type="text"/>	Amount paid, if CTC <input style="width:100%;" type="text"/>

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 <u>Cagaoan, Anna Liza B.</u> 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 <u>Carulasan, Chantal Briggitte</u> Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)