



BIR Form No. 2316 January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> <p style="margin:0; font-size: small;">For Compensation Payment With or Without Tax Withheld</p>	<p style="font-size: x-small; margin-top: 5px;">2316 01/18ENCS</p>
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 2 0 2 2	2 For the Period From (MM/DD) 1 0 0 6 To (MM/DD) 0 1 0 6
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Part I - Employee Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN 5 1 1 - 9 8 5 - 2 5 6 - 0 0 0 0 0 4 Employee's Name (Last Name, First Name, Middle Name) EMPUERTO, MARY ROSE VILLACENCIO 5 RDO Code 6 Registered Address Purok Gumamela, Brgy. Tal-ot, Barili, Cebu 6A ZIP Code 6 0 3 6 6B Local Home Address 6C ZIP Code 6D Foreign Address 7 Date of Birth (MM/DD/YYYY) 0 3 0 4 2 0 0 2 8 Contact Number +639696255703 9 Statutory Minimum Wage rate per day 10 Statutory Minimum Wage rate per month 11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</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;">5,619.12</td></tr> <tr><td>33 De Minimis Benefits</td><td style="text-align: right;">4,350.00</td></tr> <tr><td>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td><td style="text-align: right;">2,844.00</td></tr> <tr><td>35 Salaries and Other Forms of Compensation</td><td style="text-align: right;">0.00</td></tr> <tr><td>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td><td style="text-align: right;">12,813.12</td></tr> </tbody> </table>	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)	5,619.12	33 De Minimis Benefits	4,350.00	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	2,844.00	35 Salaries and Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	12,813.12
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Part II - Employer Information (Present) **B. TAXABLE COMPENSATION INCOME REGULAR**

12 TIN 0 0 8 - 8 3 1 - 4 0 3 - 0 0 0 0 1 13 Employer's Name TDCX (PH) Inc. 14 Registered Address 21F Robinsons Cyberscape Gamma Topaz and Ruby Roads Ortigas Center Pasig City 14A ZIP Code 1 6 0 5 15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>37 Basic Salary</td><td style="text-align: right;">25,895.66</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;"> </td></tr> <tr><td>42A</td><td style="text-align: right;">2,724.14</td></tr> <tr><td>42B</td><td style="text-align: right;">0.00</td></tr> <tr><td>SUPPLEMENTARY</td><td> </td></tr> <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;">2,775.73</td></tr> <tr><td>49 Others (specify)</td><td style="text-align: right;"> </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;">31,395.53</td></tr> </tbody> </table>	37 Basic Salary	25,895.66	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	2,724.14	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	2,775.73	49 Others (specify)		49A	0.00	49B	0.00	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	31,395.53
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Part III - Employer Information (Previous) **Part IVA - Summary**

16 TIN 17 Employer's Name 18 Registered Address 18A ZIP Code 	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)</td><td style="text-align: right;">44,208.65</td></tr> <tr><td>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)</td><td style="text-align: right;">12,813.12</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;">31,395.53</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;">31,395.53</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;"> </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> </tbody> </table>	19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	44,208.65	20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	12,813.12	21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	31,395.53	22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	31,395.53	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
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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.

51 FORT RYAN G. SAMSON Present Employer/Authorized Agent Signature over Printed Name	Date Signed 0 1 0 5 2 0 2 3
CONFORME: 52 EMPUERTO, MARY ROSE VILLACENCIO Employee Signature over Printed Name	Date Signed 0 1 0 6 2 0 2 3
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 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 Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)