



BIR Form No. <h1 style="margin:0;">2316</h1> January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> 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".

<b>1</b> For the Year (YYYY) <span style="border: 1px solid black; padding: 2px;">2 0 2 3</span>	<b>2</b> For the Period From (MM/DD) <span style="border: 1px solid black; padding: 2px;">0 1 0 1</span> To (MM/DD) <span style="border: 1px solid black; padding: 2px;">0 3 2 7</span>
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**Part I - Employee Information**

<b>3</b> TIN <span style="border: 1px solid black; padding: 2px;">3 3 9 - 0 3 8 - 2 5 2 -</span>	<b>5</b> RDO Code <span style="border: 1px solid black; padding: 2px;">1 2 6</span>
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) Lamoste, Jenelyn Dacallos	<b>6A</b> ZIP Code <span style="border: 1px solid black; padding: 2px;"> </span>
<b>6</b> Registered Address <span style="border: 1px solid black; padding: 2px;"> </span>	<b>6C</b> ZIP Code <span style="border: 1px solid black; padding: 2px;">6 0 1 4</span>
<b>6B</b> Local Home Address F. Cubacub	<b>6D</b> Foreign Address Mandaue
<b>7</b> Date of Birth (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">0 1 1 0 1 9 9 7</span>	<b>8</b> Contact Number <span style="border: 1px solid black; padding: 2px;">0 9 1 5 3 9 3 8 7 4 0</span>
<b>9</b> Statutory Minimum Wage rate per day <span style="border: 1px solid black; padding: 2px;"> </span>	<b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

**Part II - Employer Information (Present)**

<b>12</b> TIN <span style="border: 1px solid black; padding: 2px;">4 0 2 - 0 5 1 - 1 2 9 - 0 0 0</span>	<b>13</b> Employer's Name TeleTech Offshore Investments BV d/b/a TTEC Customer Care Mgt Phils. Branch
<b>14</b> Registered Address Fivecom 10F Harbor Dr MOA Pasay City Metro Manila 1300	<b>14A</b> ZIP Code <span style="border: 1px solid black; padding: 2px;">1 3 0 0</span>
<b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	

**Part III - Employer Information (Previous)**

<b>16</b> TIN <span style="border: 1px solid black; padding: 2px;"> </span>	<b>17</b> Employer's Name <span style="border: 1px solid black; padding: 2px;"> </span>
<b>18</b> Registered Address <span style="border: 1px solid black; padding: 2px;"> </span>	<b>18A</b> ZIP Code <span style="border: 1px solid black; padding: 2px;"> </span>

**Part IVA - Summary**

<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	59,642.60
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	23,529.36
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	36,113.24
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	36,113.24
<b>24</b> Tax Due	0.00
<b>25</b> Amount of Taxes Withheld	0.00
<b>25A</b> Present Employer	0.00
<b>25B</b> Previous Employer, if applicable	0.00
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

**Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
<b>27</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
<b>28</b> Holiday Pay (MWE)	
<b>29</b> Overtime Pay (MWE)	
<b>30</b> Night Shift Differential (MWE)	
<b>31</b> Hazard Pay (MWE)	
<b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000)	2,827.40
<b>33</b> De Minimis Benefits	17,184.46
<b>34</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	3,517.50
<b>35</b> Salaries and Other Forms of Compensation	0.00
<b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	23,529.36
B. TAXABLE COMPENSATION INCOME REGULAR	
<b>37</b> Basic Salary	22,638.36
<b>38</b> Representation	
<b>39</b> Transportation	2,176.88
<b>40</b> Cost of Living Allowance (COLA)	0.00
<b>41</b> Fixed Housing Allowance	
<b>42</b> Others (specify)	
<b>42A</b> <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>42B</b> <span style="border: 1px solid black; padding: 2px;"> </span>	
SUPPLEMENTARY	
<b>43</b> Commission	
<b>44</b> Profit Sharing	
<b>45</b> Fees Including Director's Fees	
<b>46</b> Taxable 13th Month Benefits	0.00
<b>47</b> Hazard Pay	
<b>48</b> Overtime Pay	4,767.39
<b>49</b> Others (specify)	
<b>49A</b> Co. Incentives	6,530.61
<b>49B</b> <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B)	36,113.24

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.

<b>51</b> <u>Ching, Emiliano Sanchez</u> <span style="float: right;"><i>Ching</i></span>	Date Signed <span style="border: 1px solid black; padding: 2px;">0 4 3 0 2 0 2 3</span>
Present Employer/Authorized Agent Signature over Printed Name	
<b>52</b> <u>Lamoste, Jenelyn Dacallos</u>	Date Signed <span style="border: 1px solid black; padding: 2px;"> </span>
Employee Signature over Printed Name	Amount paid, if CTC <span style="border: 1px solid black; padding: 2px;"> </span>
CTC/Valid ID No. of Employee <span style="border: 1px solid black; padding: 2px;"> </span>	Date Signed <span style="border: 1px solid black; padding: 2px;"> </span>

**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.  <b>53</b> <u>Ching, Emiliano Sanchez</u> <span style="float: right;"><i>Ching</i></span> 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.  <b>54</b> <u>Lamoste, Jenelyn Dacallos</u> Employee Signature over Printed Name
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)