



BIR Form No. **2316**
September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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) 0 1 0 1 To (MM/DD) 1 2 3 1

Part I - Employee Information

3 TIN 5 1 3 - 0 3 5 - 0 6 6 - 0 0 0 0 0

4 Employee's Name (Last Name, First Name, Middle Name) TORCENO, WENDY MARIE MARIKIT 5 RDO Code

6 Registered Address C/O SYKES ASIA, INC. 6A ZIP Code

6B Local Home Address C/O SYKES ASIA, INC. 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 1 2 0 9 1 9 9 9 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	175,943.19
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	14,543.02
35 De Minimis Benefits	33,500.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	15,240.05
37 Salaries and Other Forms of Compensation	3,963.67
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	243,189.93

Part II - Employer Information (Present)

12 TIN 0 0 5 - 0 5 7 - 1 8 1 - 0 0 0 0

13 Employer's Name SYKES ASIA, INC.

14 Registered Address 10th F. Glorietta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines 14A ZIP Code 1 2 2 4

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR	Amount
39 Basic Salary	0.00
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	
44A <u> </u>	0.00
44B <u> </u>	0.00
SUPPLEMENTARY	
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (specify)	
51A <u>Salaries and other form of compensation</u>	0.00
51B <u> </u>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	243,189.93
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	243,189.93
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
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
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Item 26 less Item 27)	0.00

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.

53 VALDEZ, NOEL B. Payroll Director
Present Employer/Authorized Agent Signature over Printed Name Date Signed 0 1 3 0 2 0 2 3

CONFORME:

54 TORCENO, WENDY MARIE MARIKIT
Employee Signature over Printed Name Date Signed Amount paid, if CTC

CTC/Valid ID No. Place of Issue Date Issued

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.

55 VALDEZ, NOEL B. Payroll Director
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.

56 TORCENO, WENDY MARIE MARIKIT
Employee Signature over Printed Name

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