



BIR Form No.

**2316**

January 2018 (ENCS)

**Certificate of Compensation  
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

1 For the Year (YYYY)		2022		2 For the Period From (MM/DD)		01	01	To (MM/DD)	10	14	
<b>Part I - Employee Information</b>						<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>					
3 Taxpayer Identification No.		339	348	683	000	Amount					
4 Employee's Name (Last Name, First Name, Middle Name)						<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>					
Galay, Ms. Glece Remina Calleno						27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)					
6 Registered Address						28 Holiday Pay (MWE)					
Brgy Binaliw 1 Cebu City Cebu						29 Overtime Pay (MWE)					
6A Zip Code						30 Night Shift Differential (MWE)					
6000						31 Hazard Pay (MWE)					
6B Local Home Address						32 13th Month Pay and Other Benefits (maximum of P90,000)					
6C Zip Code						33 Deminimis Benefits					
6D Foreign Address						34 SSS, GSIS, PHIC & Pag-ibig Contributions & Union Dues (Employee Share only)					
7 Date of Birth (MM/DD/YYYY)						35 Salaries & Other Forms of Compensation					
11   23   1995						36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)					
8 Contact Number						37 Basic Salary					
9 Statutory Minimum Wage rate per day						38 Representation					
10 Statutory Minimum Wage rate per month						39 Transportation					
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax						40 Cost of Living Allowance					
<b>Part II - Employer Information (Present)</b>						<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>					
12 Taxpayer Identification No.		211	451	592		41 Fixed Housing Allowance					
13 Employer's Name						42 Others (Specify)					
Alorica Philippines, Inc.						42A					
14 Registered Address						42B					
2258 EDSA corner Chino Roces Avenue Makati City						43 Commission					
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer						44 Profit Sharing					
14A Zip code						45 Fees Including Director's Fees					
<b>Part III - Employer Information (Previous)</b>						46 Taxable 13th Month Pay and Other Benefits					
16 Taxpayer Identification No.						47 Hazard Pay					
17 Employer's Name						48 Overtime Pay					
18 Registered Address						49 Others (Specify)					
20A Zip code						49A					
						49B					
<b>Part IVA - Summary</b>						<b>SUPPLEMENTARY</b>					
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		260,306.56				50 Total Taxable Compensation Income (Sum of Items 37 to 49B)					
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		60,792.28				199,514.28					
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		199,514.28				43					
22 Add: Taxable Compensation Income from Previous Employer, if applicable		0.00				44					
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		199,514.28				45					
24 Tax Due		0.00				46 0.00					
25 Amount of taxes Withheld		0.00				47					
25A Present Employer		0.00				48					
25B Previous Employer, if applicable		0.00				49					
26 Total Amount of Taxes Withheld As Adjusted (Sum of Items 25A and 25B)		0.00				49A 59,564.37					
						49B					

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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.

51 *Ma. Cristine De Vega Manalili*  
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed \_\_\_\_\_

CONFORME:  
52 Galay, Ms. Glece Remina Calleno  
Employee Signature Over Printed Name

Date Signed \_\_\_\_\_

Amount Paid \_\_\_\_\_

CTC No. \_\_\_\_\_ Place of Issue \_\_\_\_\_  
of Employee

Date of Issue \_\_\_\_\_

**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 CF which have been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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 had been filed pursuant to the provisions of RR 3-2002, as amended.

53 \_\_\_\_\_  
Present Employer/Authorized Agent Signature Over Printed Name  
(Head of Accounting/Human Resources or Authorized Representative)

54 Galay, Ms. Glece Remina Calleno  
Employee Signature Over Printed Name