



For BIR Use Only BCS/ Item:

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18 ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<p>1 For the Year (YYYY) <input style="width:100px;" type="text" value="2023"/></p>	<p>2 For the Period From (MM/DD) <input style="width:100px;" type="text" value="0101"/> To (MM/DD) <input style="width:100px;" type="text" value="0309"/></p>
Part I - Employee Information	
<p>3 TIN <input style="width:100px;" type="text" value="000"/></p>	
<p>4 Employee's Name (Last Name, First Name, Middle Name) <input style="width:80%;" type="text" value="FIEL, ANGELICA MAE"/> 5RDO Code <input style="width:50px;" type="text" value="43A"/></p>	
<p>6 Registered Address <input style="width:80%;" type="text" value="KAMANGGAHAN 1 PAJO LAPU LAPU CITY"/> 6A Zip Code <input style="width:50px;" type="text"/></p>	
<p>6B Local Home Address <input style="width:80%;" type="text"/> 6C Zip Code <input style="width:50px;" type="text"/></p>	
<p>6D Foreign Address <input style="width:80%;" type="text"/></p>	
<p>7 Date of Birth (MM/DD/YYYY) <input style="width:30px;" type="text" value="06"/> <input style="width:30px;" type="text" value="14"/> <input style="width:30px;" type="text" value="1995"/> 8 Contact Number <input style="width:100px;" type="text"/></p>	
<p>9 Statutory Minimum Wage rate per day <input style="width:100px;" type="text" value="0.00"/></p>	
<p>10 Statutory Minimum Wage rate per month <input style="width:100px;" type="text" value="0.00"/></p>	
<p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p>	
Part II - Employer Information (Present)	
<p>12 TIN <input style="width:100px;" type="text" value="009-282-723"/></p>	
<p>13 Employer's Name <input style="width:80%;" type="text" value="24-7 INTOUCH PH INC."/></p>	
<p>14 Registered Address <input style="width:80%;" type="text" value="UP TOWN CENTER PHASE II, 3/F CORPORATE T"/> 14A Zip Code <input style="width:50px;" type="text"/></p>	
<p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>	
Part III - Employer Information (Previous)	
<p>16 TIN <input style="width:100px;" type="text"/></p>	
<p>17 Employer's Name <input style="width:80%;" type="text"/></p>	
<p>18 Registered Address <input style="width:80%;" type="text"/> 18A Zip Code <input style="width:50px;" type="text"/></p>	
Part IVA - Summary	
<p>19 Gross Computation Income from Present Employer (Sum of Items 36 and 50) <input style="width:100px;" type="text" value="52,453.72"/></p>	
<p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <input style="width:100px;" type="text" value="52,453.72"/></p>	
<p>21 Taxable Compensation from Present Employer (Item 19 Less Item 20) (From Item 50) <input style="width:100px;" type="text" value="0.00"/></p>	
<p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input style="width:100px;" type="text" value="0.00"/></p>	
<p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input style="width:100px;" type="text" value="0.00"/></p>	
<p>24 Tax Due <input style="width:100px;" type="text" value="0.00"/></p>	
<p>25 Amount of Taxes Withheld</p>	
<p>25A Present Employer <input style="width:100px;" type="text" value="0.00"/></p>	
<p>25B Amount of Taxes Withheld <input style="width:100px;" type="text" value="0.00"/></p>	
<p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input style="width:100px;" type="text" value="0.00"/></p>	
Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
<p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount</p>	
27 Basic Salary (including the exempt P250.00 & below or the Statutory Minimum Wage of the MWE)	<input style="width:100px;" type="text" value="43,077.00"/>
28 Holiday Pay (MWE)	<input style="width:100px;" type="text" value="0.00"/>
29 Overtime Pay (MWE)	<input style="width:100px;" type="text" value="0.00"/>
30 Night Shift Differential (MWE)	<input style="width:100px;" type="text" value="0.00"/>
31 Hazard Pay (MWE)	<input style="width:100px;" type="text" value="0.00"/>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<input style="width:100px;" type="text" value="2,752.48"/>
33 De Minimis Benefits	<input style="width:100px;" type="text" value="3,751.74"/>
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<input style="width:100px;" type="text" value="2,872.50"/>
35 Salaries & Other Forms of Compensation	<input style="width:100px;" type="text" value="0.00"/>
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	<input style="width:100px;" type="text" value="52,453.72"/>
<p>B. TAXABLE COMPENSATION INCOME REGULAR</p>	
37 Basic Salary	<input style="width:100px;" type="text" value="0.00"/>
38 Representation	<input style="width:100px;" type="text" value="0.00"/>
39 Transportation	<input style="width:100px;" type="text" value="0.00"/>
40 Cost of Living Allowance (COLA)	<input style="width:100px;" type="text" value="0.00"/>
41 Fixed Housing Allowance	<input style="width:100px;" type="text" value="0.00"/>
42 Others (specify)	<input style="width:100px;" type="text"/>
42A	<input style="width:100px;" type="text" value="0.00"/>
42B	<input style="width:100px;" type="text" value="0.00"/>
SUPPLEMENTARY	
43 Commission	<input style="width:100px;" type="text" value="0.00"/>
44 Profit Sharing	<input style="width:100px;" type="text" value="0.00"/>
45 Fees Including Director's Fees	<input style="width:100px;" type="text" value="0.00"/>
46 Taxable 13th Month Benefits	<input style="width:100px;" type="text" value="0.00"/>
47 Hazard Pay	<input style="width:100px;" type="text" value="0.00"/>
48 Overtime Pay	<input style="width:100px;" type="text" value="0.00"/>
49 Others (specify)	<input style="width:100px;" type="text"/>
49A	<input style="width:100px;" type="text" value="0.00"/>
49B	<input style="width:100px;" type="text" value="0.00"/>
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	<input style="width:100px;" type="text" value="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.

<p>51 <u>ERIC P. PARAGAS</u> Present Employer/ Authorized Agent Signature Over Printed Name</p> <p>CONFORME: 52 <u>FIEL, ANGELICA MAE</u> Employee Signature Over Printed Name</p> <p>CTC/Valid ID No. of Employee <input style="width:100px;" type="text"/> Place of Issue <input style="width:100px;" type="text"/></p>	<p>Date of Signed <input style="width:100px;" type="text"/></p> <p>Date of Signed <input style="width:100px;" type="text"/></p> <p>Date of Signed <input style="width:100px;" type="text"/></p> <p style="text-align: right;">Amount Paid, if CTC <input style="width:100px;" type="text"/></p>
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To be accomplished under substituted filing

<p>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.</p> <p>53 <u>ERIC P. PARAGAS</u> Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resou</p>	<p>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.</p> <p>54 <u>FIEL, ANGELICA MAE</u> Employee Signature Over Printed Name</p>
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