



BIR Form No. <b>2316</b> January 2018 (ENCS)	<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
--	--	----------------

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

<b>1</b> For the Year (YYYY) <u>2 0 2 1</u>	<b>2</b> For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>1 2 0 5</u>
---	---

**Part I - Employee Information**

<b>3</b> TIN <u>3 5 0 - 7 8 6 - 4 9 5 -</u>	<b>27</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <u>Ampilanon, Hero Jess Bitoon</u>	<b>28</b> Holiday Pay (MWE)
<b>5</b> RDO Code	<b>29</b> Overtime Pay (MWE)
<b>6</b> Registered Address	<b>30</b> Night Shift Differential (MWE)
<b>6A</b> ZIP Code	<b>31</b> Hazard Pay (MWE)
<b>6B</b> Local Home Address	<b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <u>-1,213.12</u>
<b>6C</b> ZIP Code	<b>33</b> De Minimis Benefits <u>0.00</u>
<b>6D</b> Foreign Address	<b>34</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>0.00</u>
<b>7</b> Date of Birth (MM/DD/YYYY) <u>1 0 0 7 1 9 9 9</u>	<b>35</b> Salaries and Other Forms of Compensation <u>0.00</u>
<b>8</b> Contact Number	<b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <u>-1,213.12</u>
<b>9</b> Statutory Minimum Wage rate per day	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>
<b>10</b> Statutory Minimum Wage rate per month	<b>37</b> Basic Salary <u>0.00</u>
<b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	<b>38</b> Representation

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

<b>12</b> TIN <u>4 0 2 - 0 5 1 - 1 2 9 - 0 0 0</u>	<b>39</b> Transportation <u>0.00</u>
<b>13</b> Employer's Name <u>Teletech Customer Care Mgt., Phils. BR</u>	<b>40</b> Cost of Living Allowance (COLA) <u>0.00</u>
<b>14</b> Registered Address <u>Fivecom 10F Harbor Dr MOA Pasav City Metro Manila 1300</u>	<b>41</b> Fixed Housing Allowance
<b>14A</b> ZIP Code <u>6 0 0 0</u>	<b>42</b> Others (specify)
<b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	<b>42A</b>
<b>16</b> TIN	<b>42B</b>
<b>17</b> Employer's Name	<b>SUPPLEMENTARY</b>
<b>18</b> Registered Address	<b>43</b> Commission
<b>18A</b> ZIP Code	<b>44</b> Profit Sharing

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

<b>16</b> TIN	<b>45</b> Fees Including Director's Fees
<b>17</b> Employer's Name	<b>46</b> Taxable 13th Month Benefits <u>0.00</u>
<b>18</b> Registered Address	<b>47</b> Hazard Pay
<b>18A</b> ZIP Code	<b>48</b> Overtime Pay <u>0.00</u>
<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <u>-1,213.12</u>	<b>49</b> Others (specify)
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>-1,213.12</u>	<b>49A</b> <u>Co. Incentives</u> <u>0.00</u>
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <u>0.00</u>	<b>49B</b>
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u>	<b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <u>0.00</u>
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>0.00</u>	
<b>24</b> Tax Due <u>0.00</u>	
<b>25</b> Amount of Taxes Withheld	
<b>25A</b> Present Employer <u>0.00</u>	
<b>25B</b> Previous Employer, if applicable <u>0.00</u>	
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u>	

**Part IV - Summary**

<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <u>-1,213.12</u>	<b>49</b> Others (specify)
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>-1,213.12</u>	<b>49A</b> <u>Co. Incentives</u> <u>0.00</u>
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <u>0.00</u>	<b>49B</b>
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u>	<b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <u>0.00</u>
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>0.00</u>	
<b>24</b> Tax Due <u>0.00</u>	
<b>25</b> Amount of Taxes Withheld	
<b>25A</b> Present Employer <u>0.00</u>	
<b>25B</b> Previous Employer, if applicable <u>0.00</u>	
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u>	

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>Cagaoan, Anna Liza B.</u>	Date Signed <u>0 1 1 2 2 0 2 1</u>	Present Employer/Authorized Agent Signature over Printed Name
<b>CONFORME:</b>	Date Signed	Amount paid, if CTC
<b>52</b> <u>Ampilanon, Hero Jess Bitoon</u>	Date Signed	Date Signed
Employee Signature over Printed Name	Date Signed	Date Signed
CTC/Valid ID No. of Employee	Place of Issue	Date Signed

**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.	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>53</b> <u>Cagaoan, Anna Liza B.</u>	<b>54</b> <u>Ampilanon, Hero Jess Bitoon</u>
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	Employee Signature over Printed Name

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