



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"

1 For the Year (YYYY) 2024	2 For the Period From (MM/DD) 1 1 To (MM/DD) 2 7
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Part I - Employee Information 3 TIN 360 185 255 000 4 Employee's Name (Last Name, First Name, Middle Name) Miñoza, Hanah Ruth 5 RDO Code 081 6 Registered Address 34-Rizal Ave. Ext. Sitio Tabasca Basak San Nicholas Cebu City 6A Zip Code 6B Local Home Address 6C Zip Code 6D Foreign Address 7 Date of Birth (MM/DD/YYYY) 11 25 1997 8 Contact Number 9 Statutory Minimum Wage rate per day 10 Statutory Minimum Wage rate per month 11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer Amount A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 28 Holiday Pay (MWE) 29 Overtime Pay (MWE) 30 Night Shift Differential (MWE) 31 Hazard Pay (MWE) 32 13th Month Pay and Other Benefits (maximum of P90,000) 1,416.67 33 De Minimis Benefits 3,000.00 34 SSS, GSIS, PHIC & Pag-ibig contributions and Union Dues (Employee share only) 2,780.00 35 Salaries & Other Forms of Compensation 4,843.29 36 Total Non-Taxable/Exempt compensation Income (Sum of Items 27 to 35) 12,039.96
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Part II - Employer Information (Present) 12 TIN 007 964 541 000 13 Employer's Name VCUSTOMER PHILIPPINES (CEBU), INC. 14 Registered Address 4F JESA IT Center 90 General Maxilom Avenue Cogon Ramos, Cebu City 14A Zip Code 6000 15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	B. TAXABLE COMPENSATION INCOME REGULAR 37 Basic Salary 11,079.75 38 Representation 39 Transportation 40 Cost of Living Allowance (COLA) 41 Fixed Housing Allowance 42 Others (Specify) 42A 42B
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Part III - Employer Information (Previous) 16 TIN 17 Employer's Name 18 Registered Address 18A Zip Code	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Pay 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A SL CONVERSION 49B VL CONVERSION 50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 11,079.75
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Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 23,119.71 20 Less: Total Non-Taxable/Exempt compensation Income from Present Employer (From Item 36) 12,039.96 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 11,079.75 22 Add: Taxable Compensation Income from Previous Employer 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 11,079.75 24 Tax Due 25 Amount of Taxes Withheld 25A Present Employer 25B Previous Employer 26 Total Amount of Taxes Withheld As Ad Sum of Items 25A and 25B	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 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. 51 MORRIS F. QUILONDRINO Present Employer/ Authorized Agent Signature Over Printed Name Date Signed CONFORME: 52 Miñoza, Hanah Ruth Employee Signature Over Printed Name Date Signed Amount Paid, if CTC CTC No. / Valid ID of Employee Place of Issue Date Signed
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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. 53 MORRIS F. QUILONDRINO 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 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 No. 3-2002, as amended. 59 Miñoza, Hanah Ruth Employee Signature Over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)