



# Certificate of Compensation Payment/Tax Withheld



BIR Form No  
**2316**  
January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

<p><b>1</b> For the Year (YYYY) <b>2   0   2   2</b></p> <p><b>3</b> TIN <b>5   0   4   -   9   1   3   -   3   0   5   -   0   0   0   0   0</b></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>Empimo, Rudie Mark Parrilla</b> <b>5</b> RDO Code <b>0   8   1</b></p> <p><b>6</b> Registered Address <b>Purok Tabay Barangay Poooc , Talisay City , Cebu</b> <b>6A</b> ZIP Code</p> <p><b>6B</b> Local Home Address <b>6C</b> ZIP Code</p> <p><b>6D</b> Foreign Address</p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>0   8   1   7   2   0   0   1</b> <b>8</b> Contact Number</p> <p><b>9</b> Statutory Minimum Wage rate per day <b>0.00</b></p> <p><b>10</b> Statutory Minimum Wage rate per month <b>0.00</b></p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax.</p> <p><b>Part II - Employer Information (Present)</b></p> <p><b>12</b> TIN <b>0   0   6   -   6   4   8   -   3   4   0   -   0   0   0   0   0</b></p> <p><b>13</b> Employer's Name <b>EPERFORMAX CONTACT CENTERS (CEBU) CORP</b></p> <p><b>14</b> Registered Address <b>JY SQUARE IT CENTERS 1 &amp; 3 LAHUG CEBU CITY</b> <b>14A</b> ZIP Code <b>6   0   0   0</b></p> <p><b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN</p> <p><b>17</b> Employer's Name</p> <p><b>18</b> Registered Address <b>18A</b> ZIP Code</p> <p><b>Part IVA - Summary</b></p> <p><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>111,932.95</b></p> <p><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>26,437.46</b></p> <p><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>85,495.49</b></p> <p><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b></p> <p><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>85,495.49</b></p> <p><b>24</b> Tax Due <b>0.00</b></p> <p><b>25</b> Amount of Taxes Withheld</p> <p><b>25A</b> Present Employer <b>0.00</b></p> <p><b>25B</b> Previous Employer, if applicable <b>0.00</b></p> <p><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b></p>	<p><b>2</b> For the Period From (MM/DD) <b>0   1   0   1</b> To (MM/DD) <b>0   7   3   1</b></p> <p><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount</p> <p><b>27</b> Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE) <b>0.00</b></p> <p><b>28</b> Holiday Pay (MWE) <b>0.00</b></p> <p><b>29</b> Overtime Pay (MWE) <b>0.00</b></p> <p><b>30</b> Night Shift Differential (MWE) <b>0.00</b></p> <p><b>31</b> Hazard Pay (MWE) <b>0.00</b></p> <p><b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>18,458.45</b></p> <p><b>33</b> De Minimis Benefits <b>0.00</b></p> <p><b>34</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <b>7,688.95</b></p> <p><b>35</b> Salaries and Other Forms of Compensation <b>290.06</b></p> <p><b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>26,437.46</b></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>37</b> Basic Salary <b>79,418.59</b></p> <p><b>38</b> Representation <b>0.00</b></p> <p><b>39</b> Transportation <b>0.00</b></p> <p><b>40</b> Cost of Living Allowance (COLA) <b>0.00</b></p> <p><b>41</b> Fixed Housing Allowance <b>0.00</b></p> <p><b>42</b> Others (specify)</p> <p><b>42A</b> NIGHT DIFF &amp; PREMIUMS <b>6,076.90</b></p> <p><b>42B</b> <b>0.00</b></p> <p><b>SUPPLEMENTARY</b></p> <p><b>43</b> Commission <b>0.00</b></p> <p><b>44</b> Profit Sharing <b>0.00</b></p> <p><b>45</b> Fees Including Director's Fees <b>0.00</b></p> <p><b>46</b> Taxable 13th Month Benefits <b>0.00</b></p> <p><b>47</b> Hazard Pay <b>0.00</b></p> <p><b>48</b> Overtime Pay <b>0.00</b></p> <p><b>49</b> Others (specify)</p> <p><b>49A</b> <b>0.00</b></p> <p><b>49B</b> <b>0.00</b></p> <p><b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <b>85,495.49</b></p>
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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.

**51** Nezabelle C. Ralleca  
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

Date Signed