



BIR Form No. 2316 September 2021 (ENCS)	<h2 style="margin: 0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 9/21ENCS
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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) 01 01 To (MM/DD) 07 04
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Part I - Employee Information	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
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3 TIN 723 - 286 - 057 - 0000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount
4 Employee's Name (Last Name, First Name, Middle Name) Fernandez, Eunice, Labonite	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
5 RDO Code 0000	30 Holiday Pay (MWE)
6 Registered Address 127 P zamora brgy 19 poblacion, Caloocan, Caloocan	31 Overtime Pay (MWE)
6A Zip Code 1408	32 Night Shift Differential (MWE)
6B Local Home Address	33 Hazard Pay (MWE)
6C Zip Code	34 13th Month Pay and Other Benefits (maximum of P90,000) 7,199.45
6D Foreign Address	35 De Minimis Benefits 10,194.28
7 Date of Birth (MM/DD/YYYY) 02 04 1998	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 6,320.00
8 Contact Number	37 Salaries and Other Forms of Compensation 10,199.80
9 Statutory Minimum Wage rate per day	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 33,913.53
10 Statutory Minimum Wage rate per month	11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)	B. TAXABLE COMPENSATION INCOME REGULAR
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12 TIN 223 - 724 - 698 - 0000	39 Basic Salary 28,995.20
13 Employer's Name Alorica Teleservices, Inc.	40 Representation
14 Registered Address 12/F Three Cyberpod Centris - South Tower Eton Centris Edsa cor. Quezon Avenue Barangay Pinyahan Diliman District Quezon City 1101	41 Transportation
14A ZIP Code 1101	42 Cost of Living Allowance (COLA)
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	43 Fixed Housing Allowance
16 TIN	44 Others (specify)
17 Employer's Name	44A
18 Registered Address	44B
18A ZIP Code	SUPPLEMENTARY

Part III - Employer Information (Previous)	Part IVA - Summary
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19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 71,097.86	45 Commission
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 33,913.53	46 Profit Sharing
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 37,184.33	47 Fees Including Director's Fees
22 Add: Taxable Compensation Income from Previous Employer, if applicable	48 Taxable 13th Month Benefits
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 37,184.33	49 Hazard Pay
24 Tax Due	50 Overtime Pay 8,050.28
25 Amount of Taxes Withheld	51 Others (specify)
25A Present Employer	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 37,184.33
25B Previous Employer, if applicable	138.85
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	Amount paid, if CTC
27 5% Tax Credit (PERA Act of 2008)	Date Signed
28 Total Taxes Withheld (Sum of Items 26 and 27)	Date Signed

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.

53 Eugenio, Joseph Victor Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed 07 26 2024
CONFORME:	Date Signed
54 Fernandez, Eunice, Labonite Employee Signature Over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Date Signed
Place of Issue	Date Signed

55 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 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 by withheld 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.
Date Signed	56 Fernandez, Eunice, Labonite Employee Signature Over Printed Name