

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">1</td> <td style="width:40%;">For the year (YYYY)</td> <td style="width:10%;">2018</td> <td style="width:40%;"></td> </tr> <tr> <td colspan="4">Part I Employee Information</td> </tr> <tr> <td>3</td> <td>Tax Payer Identification No.</td> <td>321 647 374 000</td> <td>5 RDO Code</td> </tr> <tr> <td>4</td> <td>Employee's Name (Last Name, First Name, Middle Name)</td> <td colspan="2">Ace, Princess Riezel</td> </tr> <tr> <td>6</td> <td>Registered Address</td> <td colspan="2">6A Zip Code</td> </tr> <tr> <td>6B</td> <td>Local Home Address</td> <td colspan="2">6C Zip Code</td> </tr> <tr> <td>6D</td> <td>Foreign Address</td> <td colspan="2">6E Zip Code</td> </tr> <tr> <td>7</td> <td>Date of Birth (MM/DD/YYYY)</td> <td>12 30 1995</td> <td>8 Telephone number</td> </tr> <tr> <td>9</td> <td>Exemption Status</td> <td colspan="2">Single Married</td> </tr> <tr> <td>9A</td> <td colspan="3">Is the wife claiming the additional exemption for qualified dependent children? Yes No</td> </tr> <tr> <td>10</td> <td>Name of Qualified Dependent Children</td> <td colspan="2">11 Date of Birth (MM/DD/YYYY)</td> </tr> <tr> <td>12</td> <td>Statutory Minimum Wage rate per day</td> <td colspan="2">12</td> </tr> <tr> <td>13</td> <td>Statutory Minimum Wage rate per month</td> <td colspan="2">13</td> </tr> <tr> <td>14</td> <td colspan="3">Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</td> </tr> <tr> <td colspan="4">Part II Employer Information (Present)</td> </tr> <tr> <td>15</td> <td>Taxpayer Identification No.</td> <td>15 243 882 270</td> <td></td> </tr> <tr> <td>16</td> <td colspan="3">Employer's Name 24/7 CUSTOMER PHILIPPINES, INC.</td> </tr> <tr> <td>17</td> <td>Registered Address</td> <td colspan="2">17A Zip Code</td> </tr> <tr> <td></td> <td>8767 Paseo de Roxas Makati City</td> <td colspan="2">1226</td> </tr> <tr> <td></td> <td colspan="3">main employer secondary employer</td> </tr> <tr> <td colspan="4">Part III Employer Information (Previous)-1</td> </tr> <tr> <td>18</td> <td>Taxpayer Identification No.</td> <td colspan="2">18</td> </tr> <tr> <td>19</td> <td colspan="3">Employer's Name</td> </tr> <tr> <td>20</td> <td>Registered Address</td> <td colspan="2">20A Zip Code</td> </tr> <tr> <td colspan="4" style="text-align: center;">Summary</td> </tr> <tr> <td>21</td> <td>Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td> <td colspan="2">15,487.13</td> </tr> <tr> <td>22</td> <td>Less: Total Non-Taxable/Exempt (Item 41)</td> <td colspan="2">8,139.18</td> </tr> <tr> <td>23</td> <td>Taxable Compensation Income from Present Employer (Item 55)</td> <td colspan="2">7,347.95</td> </tr> <tr> <td>24</td> <td>Add: Taxable Compensation Income from Previous Employer</td> <td colspan="2">24</td> </tr> <tr> <td>25</td> <td>Gross Taxable Compensation Income</td> <td colspan="2">7,347.95</td> </tr> <tr> <td>26</td> <td>Less: Total Exemptions</td> <td colspan="2">26</td> </tr> <tr> <td>27</td> <td>Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td> <td colspan="2">27</td> </tr> <tr> <td>28</td> <td>Net Taxable Compensation Income</td> <td colspan="2">7,347.95</td> </tr> <tr> <td>29</td> <td>Tax Due</td> <td colspan="2">29</td> </tr> <tr> <td>30</td> <td>Amount of Taxes Withheld</td> <td colspan="2">30</td> </tr> <tr> <td></td> <td>30A Present Employer</td> <td colspan="2">0.00</td> </tr> <tr> <td></td> <td>30B Previous Employer</td> <td colspan="2">0.00</td> </tr> <tr> <td>31</td> <td>Total Amount of Taxes Withheld As adjusted</td> <td colspan="2">0.00</td> </tr> </table>	1	For the year (YYYY)	2018		Part I Employee Information				3	Tax Payer Identification No.	321 647 374 000	5 RDO Code	4	Employee's Name (Last Name, First Name, Middle Name)	Ace, Princess Riezel		6	Registered Address	6A Zip Code		6B	Local Home Address	6C Zip Code		6D	Foreign Address	6E Zip Code		7	Date of Birth (MM/DD/YYYY)	12 30 1995	8 Telephone number	9	Exemption Status	Single Married		9A	Is the wife claiming the additional exemption for qualified dependent children? Yes No			10	Name of Qualified Dependent Children	11 Date of Birth (MM/DD/YYYY)		12	Statutory Minimum Wage rate per day	12		13	Statutory Minimum Wage rate per month	13		14	Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			Part II Employer Information (Present)				15	Taxpayer Identification No.	15 243 882 270		16	Employer's Name 24/7 CUSTOMER PHILIPPINES, INC.			17	Registered Address	17A Zip Code			8767 Paseo de Roxas Makati City	1226			main employer secondary employer			Part III Employer Information (Previous)-1				18	Taxpayer Identification No.	18		19	Employer's Name			20	Registered Address	20A Zip Code		Summary				21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	15,487.13		22	Less: Total Non-Taxable/Exempt (Item 41)	8,139.18		23	Taxable Compensation Income from Present Employer (Item 55)	7,347.95		24	Add: Taxable Compensation Income from Previous Employer	24		25	Gross Taxable Compensation Income	7,347.95		26	Less: Total Exemptions	26		27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27		28	Net Taxable Compensation Income	7,347.95		29	Tax Due	29		30	Amount of Taxes Withheld	30			30A Present Employer	0.00			30B Previous Employer	0.00		31	Total Amount of Taxes Withheld As adjusted	0.00		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">2</td> <td style="width:40%;">For the period From (MM/DD)</td> <td style="width:10%;">01 01</td> <td style="width:40%;">To (MM/DD)</td> <td style="width:10%;">01 14</td> </tr> <tr> <td colspan="5">Part IV Details of Compensation Income and Tax Withheld from Present Employer</td> </tr> <tr> <td colspan="5" style="text-align: center;">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</td> </tr> <tr> <td colspan="5" style="text-align: right;">Amount</td> </tr> <tr> <td>32</td> <td>Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td> <td>32</td> <td></td> <td></td> </tr> <tr> <td>33</td> <td>Holiday Pay (MWE)</td> <td>33</td> <td></td> <td></td> </tr> <tr> <td>34</td> <td>Overtime Pay (MWE)</td> <td>34</td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>Night Shift Differential (MWE)</td> <td>35</td> <td></td> <td></td> </tr> <tr> <td>36</td> <td>Hazard Pay (MWE)</td> <td>36</td> <td></td> <td></td> </tr> <tr> <td>37</td> <td>13th Month Pay and Other Benefits</td> <td>37</td> <td></td> <td>5,450.19</td> </tr> <tr> <td>38</td> <td>De Minimis Benefits Other Benefits</td> <td>38</td> <td></td> <td></td> </tr> <tr> <td>39</td> <td>SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only)</td> <td>39</td> <td></td> <td>528.20</td> </tr> <tr> <td>40</td> <td>Salaries & Other forms of Compensation</td> <td>40</td> <td></td> <td>2,160.79</td> </tr> <tr> <td>41</td> <td>Total Non-Taxable/Exempt Compensation Income</td> <td>41</td> <td></td> <td>8,139.18</td> </tr> <tr> <td colspan="5" style="text-align: center;">B. TAXABLE COMPENSATION INCOME</td> </tr> <tr> <td colspan="5" style="text-align: center;">REGULAR</td> </tr> <tr> <td>42</td> <td>Basic Salary</td> <td>42</td> <td></td> <td>4,178.72</td> </tr> <tr> <td>43</td> <td>Representation</td> <td>43</td> <td></td> <td></td> </tr> <tr> <td>44</td> <td>Transportation</td> <td>44</td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>Cost of Living Allowance</td> <td>45</td> <td></td> <td></td> </tr> <tr> <td>46</td> <td>Fixed Housing Allowance</td> <td>46</td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>Others (Specify)</td> <td>47</td> <td></td> <td></td> </tr> <tr> <td>47A</td> <td></td> <td>47A</td> <td></td> <td></td> </tr> <tr> <td>47B</td> <td></td> <td>47B</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">SUPPLEMENTARY</td> </tr> <tr> <td>48</td> <td>Commission</td> <td>48</td> <td></td> <td></td> </tr> <tr> <td>49</td> <td>Profit Sharing</td> <td>49</td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>Fees including Director's Fees</td> <td>50</td> <td></td> <td></td> </tr> <tr> <td>51</td> <td>Taxable 13th Month Pay and Other Benefits</td> <td>51</td> <td></td> <td></td> </tr> <tr> <td>52</td> <td>Hazard Pay</td> <td>52</td> <td></td> <td></td> </tr> <tr> <td>53</td> <td>Overtime Pay</td> <td>53</td> <td></td> <td>3,169.23</td> </tr> <tr> <td>54</td> <td>Others (Specify)</td> <td>54</td> <td></td> <td></td> </tr> <tr> <td>54A</td> <td></td> <td>54A</td> <td></td> <td></td> </tr> <tr> <td>54B</td> <td></td> <td>54B</td> <td></td> <td></td> </tr> <tr> <td>55</td> <td>Total Taxable Compensation Income</td> <td>55</td> <td></td> <td>7,347.95</td> </tr> </table>	2	For the period From (MM/DD)	01 01	To (MM/DD)	01 14	Part IV Details of Compensation Income and Tax Withheld from Present Employer					A. NON-TAXABLE/EXEMPT COMPENSATION INCOME					Amount					32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32			33	Holiday Pay (MWE)	33			34	Overtime Pay (MWE)	34			35	Night Shift Differential (MWE)	35			36	Hazard Pay (MWE)	36			37	13th Month Pay and Other Benefits	37		5,450.19	38	De Minimis Benefits Other Benefits	38			39	SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only)	39		528.20	40	Salaries & Other forms of Compensation	40		2,160.79	41	Total Non-Taxable/Exempt Compensation Income	41		8,139.18	B. 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We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code and the regulations issued under authority thereof.

56 MARIA CRISLEDA S. ASREGAO-ONG
Present Employer/Authorized Agent Signature Over Printed Name
Date Signed: _____

CONFORME:
57 Ace, Princess Riezel
Employee Signature Over Printed Name
Date Signed: _____

CTC No. _____ Place of Issue: _____ Date of Issue: _____ Amount Paid: _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1824CF which have been filed with the Bureau of Internal Revenue

58 MARIA CRISLEDA S. ASREGAO-ONG
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. 1824CF 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 3-9502, as amended.

59 Ace, Princess Riezel
Employee Signature Over Printed Name