



BIR Form No. 2316
January 2018 (ENCS)
Certificate of Compensation Payment/Tax Withheld
For Compensation Payment With or Without Tax Withheld



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

1 For the Year (YYYY) 2 0 2 2 2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 3 1

Part I - Employee Information

3 TIN 3 1 7 - 7 8 6 - 1 5 5

4 Employee's Name (Last Name, First Name, Middle Name) Babatid, Perceval Ortiz 5 RDO Code 1 2 6

6 Registered Address _____ 6A ZIP Code _____

6B Local Home Address Crossing J Tabura and F Jaca St _____ 6C ZIP Code 6 0 0 0

6D Foreign Address Cebu City _____

7 Date of Birth (MM/DD/YYYY) 0 6 1 6 1 9 9 2 8 Contact Number 0 9 2 8 1 6 0 5 2 2 8

9 Statutory Minimum Wage rate per day _____

10 Statutory Minimum Wage rate per month _____

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN 2 1 7 - 5 6 9 - 5 0 0

13 Employer's Name TTEC Customer Care Management Philippines, Inc

14 Registered Address FiveEcom 10F Harbor Dr MOA Pasay City Metro Manila 1300 14A ZIP Code 1 3 0 0

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN _____

17 Employer's Name _____

18 Registered Address _____ 18A ZIP Code _____

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 367,320.77

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 92,408.24

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 274,912.53

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 274,912.53

24 Tax Due 4,982.51

25 Amount of Taxes Withheld

25A Present Employer 4,982.51

25B Previous Employer, if applicable 0.00

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 4,982.51

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount
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)		26,096.79
33 De Minimis Benefits		44,668.56
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		19,642.89
35 Salaries and Other Forms of Compensation		2,000.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		92,408.24
B. TAXABLE COMPENSATION INCOME REGULAR		
37 Basic Salary		230,876.53
38 Representation		
39 Transportation		0.00
40 Cost of Living Allowance (COLA)		0.00
41 Fixed Housing Allowance		
42 Others (specify)		
42A		
42B		
SUPPLEMENTARY		
43 Commission		
44 Profit Sharing		
45 Fees Including Director's Fees		
46 Taxable 13th Month Benefits		0.00
47 Hazard Pay		
48 Overtime Pay		44,036.00
49 Others (specify)		
49A Co. Incentives		0.00
49B		
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)		274,912.53

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 Emiliano S. Ching *[Signature]* Date Signed 1 2 3 1 2 0 2 2
Present Employer/Authorized Agent Signature over Printed Name

CONFORME: 52 Babatid, Perceval Ortiz *[Signature]* X Date Signed 0 2 1 4 2 0 2 3
Employee Signature over Printed Name

CTC/Valid ID No. UMID CRN-0111-5981256-2 Place of Issue Cebu City Date Signed 0 2 1 4 2 0 2 3 Amount paid, if CTC _____

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.

53 Emiliano S. Ching *[Signature]*
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 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.

54 Babatid, Perceval Ortiz *[Signature]*
Employee Signature over Printed Name

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



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 15-050371709-5 PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR -
 Sub-Category : EMPLOYED PRIVATE NHTS Coverage : N/A
 Validity Period : N/A - N/A

BABATID, PERCEVAL ORTIZ

F JACA ST PARDO (POB.), CEBU CITY CEBU

Foreign Address : N/A Sex : MALE
 Date of Birth : 06/16/1992
 Place of Birth : MALAYBALAY, BUKIDNON
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 09358711401 Tax Identification Number : 317786155000

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 012000040790
 Name of Employer/Organized Group : OMEGA HEALTHCARE MANAGEMENT SERVICES INC
 Business Address : 7TH FLOOR AVENIR BLDG ARCHBISHOP REYES ST, LAHUG (POB.), CEBU CITY CEBU
 Telephone Number : 4949538 Employment Status : EMPLOYED
 Tax Identification Number : 008639494001 Date : 02/19/2024

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122537719700	BABATID	JOSEFINA	ORTIZ	FEMALE	MOTHER	02/14/1954

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyong, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Jun 12, 2024 05:09 PM




Pag-IBIG
LOYALTY CARD

PERCEVAL O. BABATID

MEM NO.

1211-1930-4606



Perceval O. Babatid



2°35'17"1500"11183"00"3288"18"258





BABATID, PERCEVAL ORTIZ

SS Number: 08-2471481-5 | CRN Number: 0111-5981256-2

Your password will expire on Jul 27, 2024 | Your last login was on Apr 07, 2024 12:42:16 PM thru the SSS Website

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Member Details

Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	DOCUMENTARY REQUIREMENT(S) SUBMITTED
Membership Status :	PERMANENT
Prior Registrant :	NO
Date of SS Number Issuance :	
Sex :	MALE
Reporting Date :	07-25-2014
Reporting ID :	03-9158969-6
Latest ER ID :	03-9170457-8
Latest ER Name :	TTEC CUSTOMER CARE MANAGEMENT
Claim Flag Status :	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number) :	
Membership Type :	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	

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