



BIR Form No. 2316 January 2018 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld			 2316-01/18ENCS	
Fill in all applicable boxes. Mark all appropriate boxes with an "X".		For the Year (YYYY)		For the Period From (MM/DD) To (MM/DD)		
2024		3 8		5 24		
Part I - Employee Information						
1 TIN		759 367 507 000		2 For the Period From (MM/DD) To (MM/DD)		
4 Employer's Name (Last Name, First Name, Middle Name)		E RDO Code		Part II - Details of Compensation Income and Tax Withheld from Present Employer		
Mulato, Mary Rose Baja		081		1 NIN (AAABLLS/KAMF) CURP/LINGUA/FUN/IGUAL		
8 Registered Address		SA Zip Code		27 Basic Salary (including the exempt PDS/OE) & bonus in the Statutory Minimum Wage of the MWE		
Purok 2, Bahi, Loon, Bohol		6327		28 Holiday Pay (MWE)		
10 Local Home Address		LC Zip Code		29 Overtime Pay (MWC)		
Purok 2, Bahi, Loon, Bohol		6327		30 Night Shift Differential (MWE)		
60 Foreign Address				31 Hazard Pay (MWE)		
7 Date of Birth (MM/DD/YYYY)		3 Contact Number		32 13th Month Pay and Other Benefits (maximum of P90,000)		
11 17 1997		09952855043		33 De Minimis Benefits		
9 Statutory Minimum Wage rate per day				34 SSS, GSIS, PHIC & Pag-ibig contributions and Union Dues (Employee share only)		
10 Statutory Minimum Wage rate per month				35 Salaries & Other Forms of Compensation		
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				36 Total Non-Taxable/Exempt compensation income (Sum of items 27 to 35)		
				7,548.89		
Part II - Employer Information (Present)						
12 TIN		007 964 541 000		37 TAXABLE COMPENSATION INCOME REGULAR		
13 Employer's Name		14A Zip Code		38 Basic Salary		
VCUSTOMER PHILIPPINES (CEBU), INC.		6000		39 Representation		
14 Registered Address		14B Zip Code		40 Transportation		
Purok 2, Bahi, Loon, Bohol				41 Cost of Living Allowance (COLA)		
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				42 Fixed Housing Allowance		
Part III - Employer Information (Previous)						
16 TIN				43 Others (Specify)		
17 Employer's Name		18A Zip Code		43A		
Mary Rose Mulato				43B		
18 Registered Address		18B Zip Code		SUPPLEMENTARY		
				43 Commission		
Part IVA - Summary						
19 Gross Compensation Income from Present Employer (Sum of items 38 and 40)		48,736.43		44 Profit Sharing		
20 Less: Total Non-Taxable/Exempt compensation income from Present Employer (From item 36)		7,548.89		45 Fees including Director's Fees		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 43)		41,187.54		46 Taxable 13th Month Pay		
22 Add: Taxable Compensation Income from Previous Employer		-		47 Hazard Pay		
23 Gross Taxable Compensation Income (Sum of items 21 and 22)		41,187.54		48 Overtime Pay		
24 Tax Due		-		49 Others (Specify)		
25 Amount of Taxes Withheld		-		49A SL CONVERSION		
25A Present Employer		-		49B VL CONVERSION		
25B Previous Employer		-		50 Total Taxable Compensation Income (Sum of items 37 to 49B)		
26 Total Amount of Taxes Withheld As Ad- Vanced (Sum of items 25A and 25B)		-		41,187.54		
<p>I declare, under the penalties of perjury, that this certificate has been made in good faith, verified by means, 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 declare 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.</p>						
51 Present Employer Authorized Agent Signature Over Printed Name		Date Signed		Amount Paid, if CTC		
MORRIS F. GUILANDRINO						
52 Employee Signature Over Printed Name		Date Signed				
Mulato, Mary Rose Baja						
53 Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resources or Authorized Representative)		Date Signed				
MORRIS F. GUILANDRINO						
<p>To be accomplished by the employee/submitter</p> <p>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1054-C which has been filed with the Bureau of Internal Revenue.</p> <p>54 Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resources or Authorized Representative)</p> <p>MORRIS F. GUILANDRINO</p> <p>55 Employee Signature Over Printed Name</p> <p>Mary Rose Baja</p>						