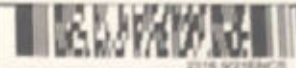




BIR Form No.
2316

September 2021 (EPCS)

**Certificate of Compensation
Payment/Tax Withheld**



2316 (2) (EPCS)

1 For the Year (YYYY) **2024** 2 For the Period From (MMDD) **01 01** To (MMDD) **09 04**

3 TIN **615 - 617 - 069 - 000** Part I - Employee Information Part II - Details of Compensation Income & Tax Withheld from Present Employer

4 Employee's Name (Last Name, First Name, Middle Name) & RDO Code
ECAT, MARY ROSE DUMANDAN 126

6 Registered Address 6A Zip Code
6B Local Home Address 6C Zip Code
6D Foreign Address

7 Date of Birth (MMDD/YYYY) 8 Contact Number
06/16/2002

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

12 TIN **008 - 028 - 126 - 000** Part II - Employer Information (Present)

13 Employer's Name
IBEX GLOBAL SOLUTIONS (PHILIPPINES) INC.

14 Registered Address 14A Zip Code
Unit 301 Silver City Bldg., Tiendesitas Frontera Verde, Uptown, Pasig City 1604

15 Type of Employer Main Employer Secondary Employer

16 TIN
17 Employer's Name
18 Registered Address 18A Zip Code
Part III - Employer Information (Previous)

Part IV A - Summary

19	Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	71,753.72
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	71,753.72
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	0.00
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24	Tax Due	0.00
25	Amount of Taxes Withheld	
25A	Present Employer	0.00
25B	Previous Employer, if applicable	0.00
26	Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27	5% Tax Credit (PERA Act of 2008)	0.00
28	Total Taxes Withheld (Sum of Items 26 and 27)	0.00

Part I - Employee Information

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

29	Basic Salary (including the exempt P200,000 & below) or the Statutory Minimum Wage of the MWE	37,960.27
30	Holiday Pay (MWE)	
31	Overtime Pay (MWE)	
32	Night Shift Differential (MWE)	
33	Hazard Pay (MWE)	
34	13th Month Pay and Other Benefits (maximum of P90,000)	5,322.42
35	De Minimis Benefits	23,276.03
36	SSS, GSIS, PHIC & Pag-Big Contributions, and Union Dues (Employee share only)	5,195.00
37	Salaries & Other Forms of Compensation	0.00
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	71,753.72

B. TAXABLE COMPENSATION INCOME REGULAR

39	Basic Salary	0.00
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Fixed Housing Allowance	
44	Others (Specify)	
44A		
44B		

SUPPLEMENTARY

45	Commission	
46	Profit Sharing	
47	Fees Including Director's Fee	
48	Taxable 13th Month Pay Benefits	0.00
49	Hazard Pay	
50	Overtime Pay	
51	Others (Specify)	
51A	Taxable Allowances & Premium Pays	0.00
51B	Salaries & Other Forms of Compensation	0.00
52	Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

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, 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 Mira C. Ambagan Present Employer/Authorized Agent Signature over Printed Name Date Signed _____

CONFORME: 54 MARY ROSE D. ECAT Employee Signature over Printed Name Date Signed _____

CTC/Valid ID No. _____ Place of Issue _____ Date Signed _____ 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.

55 Mira C. Ambagan 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. 1706), 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 equal 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. 1706 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 MARY ROSE D. ECAT Employee Signature over Printed Name

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