



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21/ENCS

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

<p>1 For the Year (YYYY) <u>2 0 2 1</u></p> <p>2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 3 0 2</u></p> <p>3 TIN <u>3 9 0 - 0 3 5 - 4 1 5 -</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>Demecillo, Kate Gaco</u></p> <p>5 RDO Code <u>1 2 6</u></p> <p>6 Registered Address _____ 6A ZIP Code _____</p> <p>6B Local Home Address <u>Casuntingan</u> 6C ZIP Code <u>6 0 1 4</u></p> <p>6D Foreign Address <u>Mandaue City</u></p> <p>7 Date of Birth (MM/DD/YYYY) <u>1 2 3 0 2 0 0 0</u> 8 Contact Number <u>9 5 6 2 2 6 1 5 7 2</u></p> <p>9 Statutory Minimum Wage rate per day _____</p> <p>10 Statutory Minimum Wage rate per month _____</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>12 TIN <u>4 0 2 - 0 5 1 - 1 2 9 - 0 0 0</u></p> <p>13 Employer's Name <u>TeleTech Offshore Investments BV d/b/a TTEC Customer Care Mgt Phils. Branch</u></p> <p>14 Registered Address <u>FiveEcom 10F Harbor Dr MOA Pasay City Metro Manila 1300</u> 14A ZIP Code <u>1 3 0 0</u></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____ 18A ZIP Code _____</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <u>32,151.11</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <u>10,175.30</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <u>21,975.81</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>21,975.81</u></p> <p>24 Tax Due <u>0.00</u></p> <p>25 Amount of Taxes Withheld <u>0.00</u></p> <p>25A Present Employer <u>0.00</u></p> <p>25B Previous Employer, if applicable <u>0.00</u></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u></p> <p>27 5% Tax Credit (PERA Act of 2008) <u>0.00</u></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <u>0.00</u></p>	<p>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) _____</p> <p>30 Holiday Pay (MWE) _____</p> <p>31 Overtime Pay (MWE) _____</p> <p>32 Night Shift Differential (MWE) _____</p> <p>33 Hazard Pay (MWE) _____</p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) <u>2,371.58</u></p> <p>35 De Minimis Benefits <u>5,453.72</u></p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>2,350.00</u></p> <p>37 Salaries and Other Forms of Compensation <u>0.00</u></p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <u>10,175.30</u></p> <p>39 Basic Salary <u>10,868.74</u></p> <p>40 Representation _____</p> <p>41 Transportation <u>945.13</u></p> <p>42 Cost of Living Allowance (COLA) <u>0.00</u></p> <p>43 Fixed Housing Allowance _____</p> <p>44 Others (specify) _____</p> <p>44A _____</p> <p>44B _____</p> <p>45 Commission _____</p> <p>46 Profit Sharing _____</p> <p>47 Fees Including Director's Fees _____</p> <p>48 Taxable 13th Month Benefits <u>0.00</u></p> <p>49 Hazard Pay _____</p> <p>50 Overtime Pay <u>3,079.11</u></p> <p>51 Others (specify) _____</p> <p>51A <u>CO. Incentives</u> <u>7,082.83</u></p> <p>51B _____</p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <u>21,975.81</u></p>
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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 Ching, Emiliano Sanchez/ [Signature] Date Signed 0 3 3 1 2 0 2 4
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

54 Demecillo, Kate Gaco Date Signed _____
Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of Issue _____ Date Issued _____ Amount paid, if CTC _____
of Employee

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 Ching, Emiliano Sanchez/ [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. 1702), 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.

56 Demecillo, Kate Gaco
Employee Signature over Printed Name

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