

For BIR / BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Annex "A"

BIR Form No.
2316

September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21/ENCS

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

1 For the Year (YYYY) **2 0 2 4** 2 For the Period From (MMDD) **0 1 0 1** To (MMDD) **0 7 0 2**

Part I - Employer Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN 3 6 0 - 0 4 5 - 1 9 1 - 0 0 0 0	5 HDO Code 1 2 6	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
4 Employer's Name (Last Name, First Name, Middle Name) CARO, LIBERTY GEKIN	6A ZIP Code	30 Holiday Pay (MWE)	0.00
6 Registered Address	6B ZIP Code	31 Overtime Pay (MWE)	0.00
6B Local Home Address	6C ZIP Code	32 Night Shift Differential (MWE)	0.00
6D Foreign Address		33 Hazard Pay (MWE)	0.00
7 Date of Birth (MMDD/YYYY) 0 7 0 9 1 9 9 6	8 Contact Number	34 13th Month Pay and Other Benefits (maximum of P90,000)	29,398.81
9 Statutory Minimum Wage rate per day 468.00		35 De Minimis Benefits	6,903.45
10 Statutory Minimum Wage rate per month		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	9,850.28
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		37 Salaries and Other Forms of Compensation	0.00
Part II - Employer Information (Present)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	46,152.54
12 TIN 2 0 5 - 3 9 4 - 4 4 8 - 0 0 0		B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name Teleperformance Philippines, Inc. FHCS		39 Basic Salary	86,928.94
14 Registered Address Aegis PeopleSupport Center Ayala cor. Sen. Gil Puyat Ave Makati City	14A ZIP Code 1 5 5 4	40 Representation	0.00
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		41 Transportation	0.00
Part III - Employer Information (Previous)		42 Cost of Living Allowance (COLA)	0.00
16 TIN		43 Fixed Housing Allowance	0.00
17 Employer's Name		44 Others (specify)	
18 Registered Address	18A ZIP Code	44A Allowances	0.00
Part IVA - Summary		44B	0.00
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	150,756.08	SUPPLEMENTARY	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	46,152.54	45 Commission	0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	104,603.54	46 Profit Sharing	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Fees Including Director's Fees	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	104,603.54	48 Taxable 13th Month Benefits	0.00
24 Tax Due	0.00	49 Hazard Pay	0.00
25 Amount of Taxes Withheld	-2,426.27	50 Overtime Pay	17,674.60
25A Present Employer		51 Others (specify)	
25B Previous Employer, if applicable	0.00	51A Bonuses and Incentives	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	51B Retirement Benefits	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	104,603.54
28 Total Taxes Withheld (Item 26 less Item 27)	0.00		

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 Present Employer/Authorized Agent Signature over Printed Name **Liberty Gekin Caro** Date Signed **0 8 0 2 2 0 2 4**

CONFORME: 54 Employee Signature over Printed Name **LIBERTY GEKIN CARO** Date Signed

CTC/Valid ID No. of Employee _____ Place of Issue _____ Date Issued _____ 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 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.

56 Employee Signature over Printed Name

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