

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 spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 2024

3 TIN 771-736-234-000

4 Employee's Name (Last Name, First Name, Middle Name)
Cabriles, Jacquelin

5 RDO Code 081

6 Registered Address Palwa Maria White Road Inayawan Cebu City

6A ZIP Code 6000

6B Local Home Address Palwa Maria White Road Inayawan Cebu City

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **8** Contact Number

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

2 For the Period From (MM/DD) 01.01 To (MM/DD) 11.30

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0
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)	15,258.62
33 De Minimis Benefits	
34 SSS, GSIS, PHIC & PAG - IBIG Contributions and Union Dues (Employee share only)	16,450.00
35 Salaries and Other Forms of Compensation	
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	31,708.62

Part II - Employer Information (Present)

12 TIN 771-763-815-000

13 Employer's Name ContactPoint360PH CORP

14 Registered Address 11F/SkyRise 4 Bldg West Georzon St. Cebu City IT Park

14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR	Amount
37 Basic Salary	235,911.41
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (specify)	
42A	
42B	

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address **18A** ZIP Code

SUPPLEMENTARY

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Benefits	
47 Hazard Pay	
48 Overtime Pay	
49 Others (specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	235,911.41

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	267,620.03
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	31,708.62
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	235,911.41
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	2,255.07
25 Amount of Taxes Withheld	2,255.07
25A Present Employer	
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	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.

S1 Ely A. Chio
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:
S2 JACQUELIN CABRILES
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. **Place of Issue**
of Employee

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.

S3 Ely A. Chio
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.

S4 JACQUELIN CABRILES
Employee Signature over Printed Name