



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18/ENCS

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

1 For the Year (YYYY) 2019 2 For the Period From (MMCO) 1105 To (MMCO) 1231

Part I - Employee Information

3 TIN 555 555 555 000

4 Employee's Name (Last Name, First Name, Middle Name) Diaz, Regine Rudge Robles 5 RDO Code 050

6 Registered Address SA Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address

7 Date of Birth (MMDD/YYYY) 03031997 8 Contact Number

9 Statutory Minimum Wage Rate Per Day 0.00

10 Statutory Minimum Wage Rate Per Month 0.00

11 N Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN 205 394 448 000

13 Employer's Name TPPH FHCS, Inc.

14 Registered Address 14A Zip Code
Teleperformance Bldg. Ayala cor. Sen. Gil Puyat Ave. Makati City

15 Type of Employer Main employer Secondary employer

Part III - Employer Information (Previous 1-1)

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

Part IV-A - Summary

19 Taxable Compensation Income from Present Employer (Sum of item 36 and 50) 34,971.08

20 Less: Total Non-Taxable / Exempt Compensation Income from Present Employer (From item 35) 6,166.92

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 50) 28,804.16

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

23 Gross Taxable Compensation Income (Sum of item 21 and 22) 28,804.16

24 Tax Due 0.00

25 Amount of Taxes Withheld

25A Present Employer 0.00

25B Previous Employer 0.00

26 Total Amount of Taxes Withheld as adjusted (Sum of item 25A and 25B) 0.00

Part II-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE COMPENSATION INCOME

27 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) 0.00

28 Holiday Pay (MWE) 0.00

29 Overtime Pay (MWE) 0.00

30 Night Shift Differential (MWE) 0.00

31 Hazard Pay (MWE) 0.00

32 13th Month Pay and Other Benefits (maximum of P90,000) 2,232.74

33 De Minimis Benefits 2,054.60

34 SSS, GSIS, PHIC & Pag-Ibig Contributions and Union Dues (Employee share only) 1,879.56

35 Salaries & Other Forms of Compensation 0.00

36 Total Non-Taxable / Exempt Compensation Income (Sum of item 27 and 35) 6,166.92

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary 24,269.86

38 Representation 0.00

39 Transportation 0.00

40 Cost of Living Allowance 0.00

41 Fixed Housing Allowance 0.00

42 Others (specify) 42A Allowances and Adjustments 0.00

42B Others 0.00

SUPPLEMENTARY

43 Commission 0.00

44 Profit Sharing 0.00

45 Fees Incl. Director's Fees 0.00

46 Taxable 13th Month Benefits 0.00

47 Hazard Pay 0.00

48 Overtime Pay 836.80

49 Others (specify)

54A Leaves 0.00

54B Night Differential 3,697.50

50 Total Taxable Compensation Income (Sum of item 37 and 49B) 28,804.16

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, 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. 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.

51 Katherine M. Aragon Present Employer/ Authorized Agent Signature Over Printed Name Date Signed _____

CONFORME: 52 Diaz, Regine Rudge Robles Employee Signature Over Printed Name Date Signed FEB 4 2020

CTC No. _____ Amount Paid, if CTC _____

of Employee _____ Place of Issue _____ Date of Issue _____

To be accomplished under substitute filing

53 I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue. Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) _____

54 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. 1604CF 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 BIR Form No. 1700 has been filed pursuant to the provisions of RR 3-2002, as amended. Katherine M. Aragon Date _____

54 Diaz, Regine Rudge Robles Employee Signature Over Printed Name

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