



BIR Form No.
2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the Year (YYYY) 2024		2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 123 - 456 - 789 - 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) LACSAMANA, KAMALA GIALLOU,		5 RDO Code 081	
6 Registered Address Cebu		6A ZIP Code 6000	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00	
7 Date of Birth (MM/DD/YYYY)		30 Holiday Pay (MWE)	
8 Contact Number		31 Overtime Pay (MWE)	
9 Statutory Minimum Wage rate per day		32 Night Shift Differential (MWE)	
10 Statutory Minimum Wage rate per month		33 Hazard Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		34 13th Month Pay and Other Benefits (maximum of P90,000) 0.00	
Part II - Employer Information (Present)		35 De Minimis Benefits 0.00	
12 TIN 771 - 763 - 815 - 00000		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,510.00	
13 Employer's Name CONTACTPOINT360PH CORP		37 Salaries and Other Forms of Compensation 0.00	
14 Registered Address 11TH FLOOR SKYRISE 4B CEBU IT PARK APAS CEBU CEBU		14A ZIP Code 6000	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 12,510.00	
Part III - Employer Information (Previous)		B. TAXABLE COMPENSATION INCOME REGULAR	
16 TIN		39 Basic Salary 178,974.22	
17 Employer's Name		40 Representation	
18 Registered Address		41 Transportation	
18A ZIP Code		42 Cost of Living Allowance (COLA)	
Part IVA - Summary		43 Fixed Housing Allowance	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 191,484.22		44 Others (specify)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 12,510.00		44A 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 178,974.22		44B	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		SUPPLEMENTARY	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 178,974.22		45 Commission	
24 Tax Due 0.00		46 Profit Sharing	
25 Amount of Taxes Withheld		47 Fees Including Director's Fees	
25A Present Employer 0.00		48 Taxable 13th Month Benefits 0.00	
25B Previous Employer, if applicable 0.00		49 Hazard Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00		50 Overtime Pay	
27 5% Tax Credit (PERA Act of 2008) 0.00		51 Others (specify)	
28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00		51A	
		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 178,974.22	

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 <u>ELY CHIO</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME: 54 <u>KAMALA GIALLOU LACSAMANA</u> Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee	Place of Issue	Date Issued
	Cebu City	
		Amount paid, if CTC

To be accomplished under substituted filing	
55 <u>ELY CHIO</u> 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. KAMALA GIALLOU LACSAMANA Employee Signature over Printed Name

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