



Certificate of Compensation Payment/Tax Withheld

BIR Form No.

2316

July 2008 (ENCS)

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

2017		For the Period From (MM/DD): 1/1 To (MM/DD): 12/31	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
1 Employer's Identification No. 313-205-428 4 Employee's Name (Last Name, First Name, Middle Name) ROCC Code Dela Cruz, Lady Rose 5 Registered Address 6A Zip Code 6B Local Home Address 6C Zip Code 6D Foreign Address 6E Zip Code 7 Date of Birth (MM/DD/YYYY) 10/5/1988 8 Telephone Number 9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) 12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per month 13 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 33 Holiday Pay (MWE) 33 34 Overtime Pay (MWE) 34 35 Night Shift Differential (MWE) 35 36 Hazard Pay (MWE) 36 37 3th Month Pay and Other Benefits 37 55,779.32 38 De Minimis Benefits 38 33,908.04 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 10,650.60 40 Salaries & Other Forms of Compensation 40 17,517.34 41 Total Non-Taxable/Exempt Compensation Income 41 117,855.30 B. TAXABLE COMPENSATION INCOME REGULAR 42 Basic Salary 42 193,848.35 43 Representation 43 44 Transportation 44 45 Cost of Living Allowance 45 46 Fixed Housing Allowance 46 47 Others (Specify): 47A 47B SUPPLEMENTARY 48 Commission 48 49 Profit Sharing 49 50 Fees including Director's Fees 50 51 Taxable 3th Month Pay and Other Benefits 51 43,258.21 52 Hazard Pay 52 53 Overtime Pay 53 54 Others (Specify): 54A 0.00 54B 55 Total Taxable Compensation Income 55 237,106.56	
Part II Employer Information (Present)			
15 Taxpayer Identification No. 205366-921-000 16 Employer's Name CONVERGYS PHILIPPINES INC. 17 Registered Address 17A Zip Code Basement, Ground, 4th to 9th Floors SLC Building, 6797 Ay 18 Main Employer <input type="checkbox"/> Secondary Employer <input type="checkbox"/>			
Part III Employer Information (Previous)			
19 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code			
Part IV-A Summary			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 354,961.86 22 Less: Total Non-Taxable/Exempt (Item 41) 22 117,855.30 23 Taxable Compensation Income from Present Employer (Item 55) 23 237,106.56 24 Add: Taxable Compensation Income from Previous Employer 24 0.00 25 Gross Taxable Compensation Income 25 237,106.56 26 Less: Total Exemptions 26 50,000.00 27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) 27 28 Net Taxable Compensation Income 28 187,106.56 29 Tax Due 29 34,276.64 30 Amount of Taxes Withheld 30A Present Employer 30A 34,276.64 30B Previous Employer 30B 0.00 31 Total Amount of Taxes Withheld As adjusted 31 34,276.64			

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.

56 Maricar Coronel
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed _____

CONFORME: Dela Cruz, Lady Rose

Date Signed _____

CTC No. _____ Employee Signature Over Printed Name
of Employee: _____ Place of Issue

Date of Issue _____ Amount Paid _____

To be accomplished under substituted filing

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

I declare, under the penalties of perjury, that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils 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 if BIR Form No. 1700 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

58 Maricar Coronel
Present Employer/Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

Dela Cruz, Lady Rose
Employee Signature Over Printed Name