



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".

<p>1 For the Year (YYYY) <u>2 0 2 4</u></p> <p>3 TIN <u>7 3 6 - 1 0 2 - 3 0 4 -</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>Delos Reyes, Jeanjie Anog</u></p> <p>5 RDO Code <u>1 2 6</u></p> <p>6 Registered Address _____ 6A ZIP Code _____</p> <p>6B Local Home Address <u>Purok Atis Letmon Dumlog Talisay City Ceb</u> 6C ZIP Code <u>6 0 4 5</u></p> <p>6D Foreign Address <u>Talisay City Cebu</u></p> <p>7 Date of Birth (MM/DD/YYYY) <u>1 2 2 2 1 9 9 7</u> 8 Contact Number <u>0 9 4 5 4 9 6 1 2 2 6</u></p> <p>9 Statutory Minimum Wage rate per day _____</p> <p>10 Statutory Minimum Wage rate per month _____</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>12 TIN <u>4 0 2 - 0 5 1 - 1 2 9 - 0 0 0</u></p> <p>13 Employer's Name <u>TeleTech Offshore Investments BV d/b/a TTEC Customer Care Mgt Phils. Branch</u></p> <p>14 Registered Address <u>FiveEcom 10F Harbor Dr MOA Pasay City Metro Manila 1300</u> 14A ZIP Code <u>1 3 0 0</u></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____ 18A ZIP Code _____</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <u>71,768.05</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <u>18,559.27</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <u>53,208.78</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>53,208.78</u></p> <p>24 Tax Due <u>0.00</u></p> <p>25 Amount of Taxes Withheld <u>0.00</u></p> <p>25A Present Employer <u>0.00</u></p> <p>25B Previous Employer, if applicable <u>0.00</u></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u></p> <p>27 5% Tax Credit (PERA Act of 2008) <u>0.00</u></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <u>0.00</u></p>	<p>2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 4 1 0</u></p> <p>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) _____</p> <p>30 Holiday Pay (MWE) _____</p> <p>31 Overtime Pay (MWE) _____</p> <p>32 Night Shift Differential (MWE) _____</p> <p>33 Hazard Pay (MWE) _____</p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) <u>3,863.39</u></p> <p>35 De Minimis Benefits <u>9,800.86</u></p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>4,895.02</u></p> <p>37 Salaries and Other Forms of Compensation <u>0.00</u></p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <u>18,559.27</u></p> <p>39 Basic Salary <u>31,809.69</u></p> <p>40 Representation _____</p> <p>41 Transportation <u>2,961.19</u></p> <p>42 Cost of Living Allowance (COLA) <u>0.00</u></p> <p>43 Fixed Housing Allowance _____</p> <p>44 Others (specify)</p> <p>44A _____</p> <p>44B _____</p> <p>45 Commission _____</p> <p>46 Profit Sharing _____</p> <p>47 Fees Including Director's Fees _____</p> <p>48 Taxable 13th Month Benefits <u>0.00</u></p> <p>49 Hazard Pay _____</p> <p>50 Overtime Pay <u>4,741.14</u></p> <p>51 Others (specify)</p> <p>51A <u>CO. Incentives</u> <u>13,696.76</u></p> <p>51B _____</p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <u>53,208.78</u></p>
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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 Ching, Emiliano Sanchez/ [Signature] Date Signed 0 5 1 5 2 0 2 4
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

54 Delos Reyes, Jeanjie Anog Date Signed _____
Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of Issue _____ Date Issued _____ Amount paid, if CTC _____
of Employee

To be accomplished under substituted filing

55 Ching, Emiliano Sanchez/ [Signature]
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 Delos Reyes, Jeanjie Anog
Employee Signature over Printed Name

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