

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



Fill in all applicable spaces. Mark all appropriate boxes with an "X". For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) 2 0 2 2

2 For the Period From (MMDD) 0 1 0 1 To (MMDD) 1 2 3 1

Part I - Employee Information
3 TIN 463-795-349-000000
4 Employee's Name ALMADEN, MA RHELA ARIGO
5 RDO Code 000
6 Registered Address Atty. Ernesto Maringuran's Apartment, Purok 58 Marikina City
6A ZIP Code
6B Local Home Address Atty. Ernesto Maringuran's Apartment, Purok 58 Marikina City
6C ZIP Code
6D Foreign Address
7 Date of Birth 11201994
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

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
29 Basic Salary (including the exempt P250.00 1/2 below or the Statutory Minimum Wage of the MWE) 0.00
30 Holiday Pay (HWP) 0.00
31 Overtime Pay (MWE) 0.00
32 Night Shift Differential (MWE) 0.00
33 Hazard Pay (HWP) 0.00
34 13th Month Pay and Other Benefits (maximum of P3,000) 90,000.00
35 De Minimis Benefits 23,045.72
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 18,672.68
37 Salaries and Other Forms of Compensation 0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 131,722.40

Part II - Employer Information (Present)
12 TIN 006-897-563-0000
13 Employer's Name WPRO PHILIPPINES, INC.
14 Registered Address CEBU IT TOWER 1 LT.7 BLK 2 COR ARCH. HEYES ST & MINDANAO ST. CEBU BUSINESS PARK, CEBU CITY, CEBU
14A ZIP Code 6000
15 Type of Employer X Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR
39 Basic Salary 181,164.50
40 Reprostitution 0.00
41 Transportation 0.00
42 Cost of Living Allowance (COLA) 0.00
43 Fixed Housing Allowance 0.00
44 Others (specify)
44A 0.00
44B 0.00

Part III - Employer Information (Previous)
16 TIN
17 Employer's Name
18 Registered Address
18A ZIP Code

SUPPLEMENTARY
45 Commission 0.00
46 Profit Sharing 0.00
47 Fees Including Director's Fees 0.00
48 Taxable 13th Month Benefits 29,737.62
49 Hazard Pay 0.00
50 Overtime Pay 0.00
51 Others (specify)
51A Salaries and other form of compensation 98,352.60
51B 0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 309,254.72

Part IVA - Summary
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 440,977.12
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 131,722.40
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 309,254.72
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 309,254.72
24 Tax Due 11,850.94
25 Amount of Taxes Withheld
25A Present Employer 11,850.94
25B Previous Employer, if applicable 0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 11,850.94
27 5% Tax Credit (PERA Act of 2008) 0.00
28 Total Taxes Withheld (Item 26 less Item 27) 11,850.94

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 thereunder. 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 DEVBAR, JULIE ANN ROMERO / Senior Executive Present Employer/ Authorized Agent Signature over Printed Name

Date Signed

CONFORME: 54 ALMADEN, MA RHELA ARIGO Employee Signature over Printed Name

Date Signed Date Issued Amount paid, if CTC

CTC/Valid ID No. of Employee Place of Issue

55 DEVBAR, JULIE ANN ROMERO / Senior Executive Present Employer/ Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

56 ALMADEN, MA RHELA ARIGO Employee Signature over Printed Name