



Certificate of Compensation Payment/Tax Withheld



2316 9/21ENCS

BIR Form No.

2316

September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

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) 0101 To (MM/DD) 0422

Part I - Employee Information

3 TIN 358-033-367

4 Employee's Name (Last Name, First Name, Middle Name) DABATOS, ANTON LOSANO

5 RDO Code 043

6 Registered Address _____

6A ZIP Code _____

6B Local Home Address _____

6C ZIP Code _____

6D Foreign Address _____

7 Date of Birth (MM/DD/YYYY) 03171998

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 II - Employer Information (Present)

12 TIN 008-831-403-0000

13 Employer's Name TDCX (PH) Inc.

14 Registered Address 21F-26F Robinsons Cyberscape Gamma Topaz and Ruby Roads Ortigas Center Pasig City

14A ZIP Code 1605

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN _____

17 Employer's Name _____

18 Registered Address _____

18A ZIP Code _____

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	103,357.65
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	24,149.98
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	79,207.67
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	79,207.67
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Item 26 less Item 27)	0.00

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

	Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	7,049.57
35 De Minimis Benefits	10,150.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	6,950.41
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	24,149.98
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	51,678.91
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	24,296.77
44A _____	0.00
44B _____	0.00
SUPPLEMENTARY	
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	3,231.99
51 Others (specify)	0.00
51A _____	0.00
51B _____	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	79,207.67

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 FORT RYAN G. SAMSON
Present Employer/Authorized Agent Signature over Printed Name

CONFORME: DABATOS, ANTON LOSANO
54 Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of Issue _____
of Employee

Date Signed 07042024

Date Signed _____ Amount paid, if CTC _____

Date Issued _____

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C 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 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); and that 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.