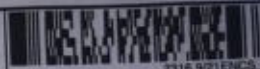


**Certificate of Compensation  
Payment/Tax Withheld**



BIR Form No.  
**2316**  
September 2021 (ENCS)

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

1 For the Year (YYYY) **2023**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

**Part I - Employee Information**

3 TIN **613 - 613 - 532 - 0000**

4 Employee's Name (Last Name, First Name, Middle Name)  
**AMANTE, VIANCA MARIE PARBA**

5 RDO Code **081**

6 Registered Address **CEBU CITY**

8A ZIP Code **6000**

8B Local Home Address

8C ZIP Code

60 Foreign Address

7 Date of Birth (MM/DD/YYYY)

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**

Item	Amount
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
29 Basic Salary (including the exempt P300,000 & below or the Statutory Minimum Wage of the MWE)	0.00
30 Holiday Pay (MWE)	
31 Overtime Pay (MWE)	
32 Night Shift Differential (MWE)	
33 Hazard Pay (MWE)	
34 13th Month Pay and Other Benefits (maximum of P90,000)	15,248.72
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	13,910.00
37 Salaries and Other Forms of Compensation	0.00
<b>38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37)</b>	<b>29,158.72</b>

**Part II - Employer Information (Present)**

12 TIN **771 - 763 - 815 - 0000**

13 Employer's Name  
**CONTACTPOINT360PH CORP**

14 Registered Address  
**PARK II PARK LAHUG CEBU**

14A ZIP Code **6000**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	202,737.28
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	0.00
44A	
44B	

**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

**SUPPLEMENTARY**

45 Commission	
46 Profit Sharing	
47 Fees including Director's Fees	
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	
50 Overtime Pay	
51 Others (specify)	
51A	
51B	

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of items 38 and 52)	231,896.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38)	29,158.72
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52)	202,737.28
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	202,737.28
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 (Sum of items 26 and 27)	0.00

52 Total Taxable Compensation Income (Sum of items 38 to 51B)	202,737.28
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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" (RA, No. 10173) for legitimate and lawful purposes.

53 Present Employer/Authorized Agent Signature over Printed Name  
**ELY CHIO**

CONFORME: 54 Employee Signature over Printed Name  
**VIANCA MARIE AMANTE**

CTC/Valid ID No. of Employee **SSS 0644350336** Place of Issue **Cebu City**

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Date Issued \_\_\_\_\_

Amount paid, if CTC \_\_\_\_\_

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein filed is reported under BIR Form No. 1004-C which has been filed with the Bureau of Internal Revenue.

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)  
**ELY CHIO**

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 I have been correctly withheld by my employer (as due income tax withheld), that the BIR Form No. 1004-C filed by my employer to the BIR shall constitute all 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. 3-2005, as amended.

56 **VIANCA MARIE AMANTE**  
Employee Signature over Printed Name