



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

<p><b>1</b> For the Year (YYYY) <b>2 0 2 5</b></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <b>6 1 3 - 6 1 3 - 2 0 0 - 0 0 0</b></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>5</b> BDO Code Amante,Vianca Marie <b>0 8 1</b></p> <p><b>6</b> Registered Address <b>6A</b> ZIP Code Kiwkiw Pitalo San Fernando Cebu <b>6 0 1 8</b></p> <p><b>6B</b> Local Home Address <b>6C</b> ZIP Code Kiwkiw Pitalo San Fernando Cebu</p> <p><b>6D</b> Foreign Address</p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>8</b> Contact Number</p> <p><b>9</b> Statutory Minimum Wage rate per day</p> <p><b>10</b> Statutory Minimum Wage rate per month</p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p><b>12</b> TIN <b>7 7 1 - 7 6 3 - 8 1 5 - 0 0 0 0</b></p> <p><b>13</b> Employer's Name ContactPoint360PH CORP</p> <p><b>14</b> Registered Address <b>14A</b> ZIP Code 11F/ SkyRise 4 Bldg West Geonzon St. Cebu City IT Park</p> <p><b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN</p> <p><b>17</b> Employer's Name</p> <p><b>18</b> Registered Address <b>18A</b> ZIP Code</p> <p><b>Part IVA - Summary</b></p> <p><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>9,741.38</b></p> <p><b>20</b> Less: Total Non - Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>1,899.72</b></p> <p><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>7,841.66</b></p> <p><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b></p> <p><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>0.00</b></p> <p><b>24</b> Tax Due <b>-</b></p> <p><b>25</b> Amount of Taxes Withheld <b>-</b></p> <p><b>25A</b> Present Employer</p> <p><b>25B</b> Previous Employer, if applicable</p> <p><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b></p>	<p><b>2</b> For the Period From (MM/DD) <b>0 1, 0 1</b> To (MM/DD) <b>0 1, 1 5</b></p> <p><b>Part IV - B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <p><b>A. NON - TAXABLE/EXEMPT COMPENSATION INCOME</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr> <td><b>27</b> Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE)</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>28</b> Holiday Pay (MWE)</td> <td></td> </tr> <tr> <td><b>29</b> Overtime Pay (MWE)</td> <td></td> </tr> <tr> <td><b>30</b> Night Shift Differential (MWE)</td> <td></td> </tr> <tr> <td><b>31</b> Hazard Pay (MWE)</td> <td></td> </tr> <tr> <td><b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right;">749.72</td> </tr> <tr> <td><b>33</b> De Minimis Benefits</td> <td></td> </tr> <tr> <td><b>34</b> SSS, GSIS, PHIC &amp; PAG - IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">1,150.00</td> </tr> <tr> <td><b>35</b> Salaries and Other Forms of Compensation</td> <td></td> </tr> <tr> <td><b>36</b> Total Non - Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td> <td style="text-align: right;">1,899.72</td> </tr> </tbody> </table> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:80%;"><b>37</b> Basic Salary</td> <td style="width:20%; text-align: right;">7,841.66</td> </tr> <tr> <td><b>38</b> Representation</td> <td></td> </tr> <tr> <td><b>39</b> Transportation</td> <td></td> </tr> <tr> <td><b>40</b> Cost of Living Allowance (COLA)</td> <td></td> </tr> <tr> <td><b>41</b> Fixed Housing Allowance</td> <td></td> </tr> <tr> <td><b>42</b> Others (specify)</td> <td></td> </tr> <tr> <td><b>42A</b></td> <td></td> </tr> <tr> <td><b>42B</b></td> <td></td> </tr> </tbody> </table> <p><b>SUPPLEMENTARY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:80%;"><b>43</b> Commission</td> <td style="width:20%;"></td> </tr> <tr> <td><b>44</b> Profit Sharing</td> <td></td> </tr> <tr> <td><b>45</b> Fees Including Director's Fees</td> <td></td> </tr> <tr> <td><b>46</b> Taxable 13th Month Benefits</td> <td></td> </tr> <tr> <td><b>47</b> Hazard Pay</td> <td></td> </tr> <tr> <td><b>48</b> Overtime Pay</td> <td></td> </tr> <tr> <td><b>49</b> Others (specify)</td> <td></td> </tr> <tr> <td><b>49A</b></td> <td></td> </tr> <tr> <td><b>49B</b></td> <td></td> </tr> <tr> <td><b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B)</td> <td style="text-align: right;">7,841.66</td> </tr> </tbody> </table>	Amount	Amount	<b>27</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0	<b>28</b> Holiday Pay (MWE)		<b>29</b> Overtime Pay (MWE)		<b>30</b> Night Shift Differential (MWE)		<b>31</b> Hazard Pay (MWE)		<b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000)	749.72	<b>33</b> De Minimis Benefits		<b>34</b> SSS, GSIS, PHIC & PAG - IBIG Contributions and Union Dues (Employee share only)	1,150.00	<b>35</b> Salaries and Other Forms of Compensation		<b>36</b> Total Non - Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	1,899.72	<b>37</b> Basic Salary	7,841.66	<b>38</b> Representation		<b>39</b> Transportation		<b>40</b> Cost of Living Allowance (COLA)		<b>41</b> Fixed Housing Allowance		<b>42</b> Others (specify)		<b>42A</b>		<b>42B</b>		<b>43</b> Commission		<b>44</b> Profit Sharing		<b>45</b> Fees Including Director's Fees		<b>46</b> Taxable 13th Month Benefits		<b>47</b> Hazard Pay		<b>48</b> Overtime Pay		<b>49</b> Others (specify)		<b>49A</b>		<b>49B</b>		<b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B)	7,841.66
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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.

<p><b>51</b> <u>Ely A. Chio</u> Present Employer/Authorized Agent Signature over Printed Name</p> <p><b>CONFORME:</b></p> <p><b>52</b> <u>VIANCA MARIE AMANTE</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/> Amount paid, if CTC <input type="text"/></p>
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**To be accomplished under substituted filing**

<p>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.</p> <p><b>53</b> <u>Ely A. Chio</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>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); that the 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.</p> <p><b>54</b> <u>VIANCA MARIE AMANTE</u> Employee Signature over Printed Name</p>
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