



BIR Form No. <h1 style="margin:0;">2316</h1> January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> <p style="margin:0;">For Compensation Payment With or Without Tax Withheld</p>	 2316 01/18ENCS
---	--	--------------------

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) 1 1 To (MM/DD) 2 15
Part I - Employee Information	
3 TIN 383 255 482 000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount
4 Employee's Name (Last Name, First Name, Middle Name) Mallorca, Maria Paula Soco	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
5 RDO Code 081	28 Holiday Pay (MWE)
6 Registered Address 91-A.U Alviola St., Barangay Tejero, Cebu City	29 Overtime Pay (MWE)
6A Zip Code 	30 Night Shift Differential (MWE)
6B Local Home Address 	31 Hazard Pay (MWE)
6C Zip Code 	32 13th Month Pay and Other Benefits (maximum of P90,000) 1,574.71
6D Foreign Address 	33 De Minimis Benefits 2,000.00
7 Date of Birth (MM/DD/YYYY) 8 17 1998	34 SSS, GSIS, PHIC & Pag-ibig contributions and Union Dues (Employee share only) 3,704.88
8 Contact Number 	35 Salaries & Other Forms of Compensation 2,250.00
9 Statutory Minimum Wage rate per day 	36 Total Non-Taxable/Exempt compensation Income (Sum of Items 27 to 35) 9,529.59
10 Statutory Minimum Wage rate per month 	B. TAXABLE COMPENSATION INCOME REGULAR
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	37 Basic Salary 17,066.22
Part II - Employer Information (Present)	
12 TIN 007 964 541 000	38 Representation
13 Employer's Name VCUSTOMER PHILIPPINES (CEBU), INC.	39 Transportation
14 Registered Address 4F JESA IT Center 90 General Maxilom Avenue Cogon Ramos, Cebu City	40 Cost of Living Allowance (COLA)
14A Zip Code 6000	41 Fixed Housing Allowance
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	42 Others (Specify)
Part III - Employer Information (Previous)	
16 TIN 	42A
17 Employer's Name 	42B
18 Registered Address 	43 Commission
18A Zip Code 	44 Profit Sharing
Part IVA - Summary	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 26,595.81	45 Fees Including Director's Fees
20 Less: Total Non-Taxable/Exempt compensation Income from Present Employer (From Item 36) 9,529.59	46 Taxable 13th Month Pay -
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 17,066.22	47 Hazard Pay
22 Add: Taxable Compensation Income from Previous Employer -	48 Overtime Pay
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 17,066.22	49 Others (Specify)
24 Tax Due -	49A SL CONVERSION
25 Amount of Taxes Withheld	49B VL CONVERSION
25A Present Employer -	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 17,066.22
25B Previous Employer -	
26 Total Amount of Taxes Withheld As Ac Sum of Items 25A and 25B) -	

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 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.

51 MORRIS F. QUILONDRINO Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed
CONFORME:	
52 Mallorca, Maria Paula Soco Employee Signature Over Printed Name	Date Signed
CTC No. / Valid ID of Employee 	Date Signed
Place of Issue 	Amount Paid, if CTC

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.

53 MORRIS F. QUILONDRINO
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 Mallorca, Maria Paula Soco
Employee Signature Over Printed Name

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