



BIR Form No. <h1 style="margin:0;">2316</h1> January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) 2022	2 For the Period From (MM/DD) 1 1 To (MM/DD) 8 25
Part I - Employee Information	
3 TIN 709 172 221 000	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Clemen, Carl Anthony Atillo 081	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount
6 Registered Address 6A Zip Code Block 12 Lot 46, Evisa Subdivision, Segunda St., Calawisan, Lapu-Lapu City	27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE
6B Local Home Address 6C Zip Code	28 Holiday Pay (MWE)
6D Foreign Address	29 Overtime Pay (MWE)
7 Date of Birth (MM/DD/YYYY) 8 Contact Number 10 5 1999	30 Night Shift Differential (MWE)
9 Statutory Minimum Wage rate per day	31 Hazard Pay (MWE)
10 Statutory Minimum Wage rate per month	32 13th Month Pay and Other Benefits (maximum of P90,000) 8,242.41
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	33 De Minimis Benefits 20,992.43
Part II - Employer Information (Present)	
12 TIN 007 964 541 000	B. TAXABLE COMPENSATION INCOME REGULAR
13 Employer's Name VCUSTOMER PHILIPPINES (CEBU), INC.	37 Basic Salary 93,185.60
14 Registered Address 14A Zip Code 4F JESA IT Center 90 General Maxilom Avenue Cogon Ramos, Cebu City 6000	38 Representation
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	39 Transportation
Part III - Employer Information (Previous)	
16 TIN	40 Cost of Living Allowance (COLA)
17 Employer's Name	41 Fixed Housing Allowance
18 Registered Address 18A Zip Code	42 Others (Specify) 42A 42B
Part IVA - Summary	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 145,676.90	43 Commission
20 Less: Total Non-Taxable/Exempt compensation Income from Present Employer (From Item 36) 52,491.30	44 Profit Sharing
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 93,185.60	45 Fees Including Director's Fees
22 Add: Taxable Compensation Income from Previous Employer -	46 Taxable 13th Month Pay -
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 93,185.60	47 Hazard Pay
24 Tax Due -	48 Overtime Pay
25 Amount of Taxes Withheld 25A Present Employer - 25B Previous Employer -	49 Others (Specify) 49A 49B
26 Total Amount of Taxes Withheld As Ac Sum of Items 25A and 25B) -	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 93,185.60

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 <u>MORRIS F. QUILONDRINO</u> Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed
CONFORME: 52 <u>Clemen, Carl Anthony Atillo</u> Employee Signature Over Printed Name	Date Signed
CTC No. / Valid ID of Employee Place of Issue	Date Signed Amount Paid, if CTC

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 <u>MORRIS F. QUILONDRINO</u> 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 <u>Clemen, Carl Anthony Atillo</u> Employee Signature Over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)