



BIR Form No. <h1 style="margin:0;">2316</h1> September 2021 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 9/21ENCS
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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) 05 16 To (MM/DD) 12 31
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Part I - Employee Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN - - - - - 0000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount
4 Employee's Name (Last Name, First Name, Middle Name) Tumacmol, Angel, Parcon	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
5 RDO Code 0000	30 Holiday Pay (MWE)
6 Registered Address 2364 Capitol Site, Cebu City, Cebu City	31 Overtime Pay (MWE)
6A Zip Code 6000	32 Night Shift Differential (MWE)
6B Local Home Address	33 Hazard Pay (MWE)
6C Zip Code	34 13th Month Pay and Other Benefits (maximum of P90,000) 9,452.05
6D Foreign Address	35 De Minimis Benefits 12,161.57
7 Date of Birth (MM/DD/YYYY) 12 21 2001	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 9,865.00
8 Contact Number	37 Salaries and Other Forms of Compensation 6,461.00
9 Statutory Minimum Wage rate per day	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 37,939.62
10 Statutory Minimum Wage rate per month	B. TAXABLE COMPENSATION INCOME REGULAR
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	39 Basic Salary 96,131.67

Part II - Employer Information (Present)

12 TIN 211 - 451 - 592 - 0000	40 Representation
13 Employer's Name Alorica Philippines, Inc.	41 Transportation
14 Registered Address 2258 EDSA corner Chino Roces Avenue Makati City	42 Cost of Living Allowance (COLA)
14A ZIP Code	43 Fixed Housing Allowance
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	44 Others (specify)
16 TIN	44A
17 Employer's Name	44B
18 Registered Address	45 Commission
18A ZIP Code	46 Profit Sharing

Part III - Employer Information (Previous)

16 TIN	47 Fees Including Director's Fees
17 Employer's Name	48 Taxable 13th Month Benefits
18 Registered Address	49 Hazard Pay
18A ZIP Code	50 Overtime Pay 32,226.70

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 167,636.42	51 Others (specify) 1,338.43
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 37,939.62	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 129,696.80
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 129,696.80	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 129,696.80	
24 Tax Due	
25 Amount of Taxes Withheld	
25A Present Employer	
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	
27 5% Tax Credit (PERA Act of 2008)	
28 Total Taxes Withheld (Sum of Items 26 and 27)	

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 <u>Eugenio, Joseph Victor</u> Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:	Date Signed 12 31 2023
54 <u>Tumacmol, Angel, Parcon</u> Employee Signature Over Printed Name	Date Signed
CTC/Valid ID No. of Employee Place of Issue 	Date Signed 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.	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.
55 <u> </u> Present Employer/ Authorized Agent Signature Over Printed Name	