



BIR Form No.
2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the Year (YYYY) **2 0 2 5**

2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **0 1 0 1**

Part I - Employee Information

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

3 TIN **3 9 8 - 3 4 9 - 6 4 0 - 0 0 0**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

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 **0.00**

5 RDO Code **1 2 3**

30 Holiday Pay (MWE) **0.00**

6 Registered Address **Capitol Site Cebu City 6000**

31 Overtime Pay (MWE) **0.00**

6A ZIP Code

32 Night Shift Differential (MWE) **0.00**

6B Local Home Address

33 Hazard Pay (MWE) **0.00**

6C ZIP Code

34 13th Month Pay and Other Benefits (maximum of P90,000) **0.00**

6D Foreign Address

35 De Minimis Benefits **0.00**

7 Date of Birth (MM/DD/YYYY) **1 2 2 1 2 0 0 1**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **0.00**

8 Contact Number

37 Salaries and Other Forms of Compensation **0.00**

9 Statutory Minimum Wage rate per day

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **0.00**

10 Statutory Minimum Wage rate per month

B. TAXABLE COMPENSATION INCOME REGULAR

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

39 Basic Salary **0.00**

Part II - Employer Information (Present)

40 Representation **0.00**

12 TIN **0 0 9 - 7 3 5 - 0 3 3 - 0 0 0**

41 Transportation **0.00**

13 Employer's Name **AMAZON OPERATIONS SERVICES PHILIPPINES INC.**

42 Cost of Living Allowance (COLA) **0.00**

14 Registered Address **PHILAM LIFE CENTER CEBU CARDINAL ROSALES CORNER SAMAR LOOP CEBU BUSINESS PARK BARANGAY LUZ CEBU CITY**

43 Fixed Housing Allowance **0.00**

14A ZIP Code **6 0 0 0**

44 Others (specify)

15 Type of Employer Main Employer Secondary Employer

44A **0.00**

44B **0.00**

Part III - Employer Information (Previous)

SUPPLEMENTARY

16 TIN **2 1 1 - 4 5 1 - 5 9 2 - 0 0 0**

45 Commission **0.00**

17 Employer's Name **Alorica Philippines, Inc.**

46 Profit Sharing **0.00**

18 Registered Address **2258 EDSA comer Chino Roces Avenue Makati City**

47 Fees Including Director's Fees **0.00**

18A ZIP Code

48 Taxable 13th Month Benefits **0.00**

Part IVA - Summary

49 Hazard Pay **0.00**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **0.00**

50 Overtime Pay **0.00**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **0.00**

51 Others (specify)

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **0.00**

51A **0.00**

51B **0.00**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

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**

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 **GLADY MA LINGDO REYES**
Present Employer/Authorized Agent Signature over Printed Name

Date Signed **14 01 2025**

CONFORME: **TUMACMOL, ANGEL PARCON**
54 Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee **203489638**

Place of Issue **PASAY CITY**

Date Issued

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

56 **TUMACMOL, ANGEL PARCON**
Employee Signature over Printed Name