

BIR Form No. <b>2316</b> January 2018 (ENCS)	<b>Certificate of Compensation Payment/Tax Withheld</b> 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) <b>2 0 2 3</b>	2 For the Period From (MMDD) <b>0 1 0 1</b> To (MMDD) <b>0 8 1 5</b>
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**Part I - Employee Information** **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN <b>3 2 8 - 1 6 2 - 0 8 9 -</b>	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>
4 Employee's Name (Last Name, First Name, Middle Name) <b>Alindao, Mark Anthony Jr. Redelosa</b>	Amount
5 RDO Code <b>1 2 6</b>	27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE
6 Registered Address	28 Holiday Pay (MWE)
6B Local Home Address <b>Purok Bangkoro, Brgy. Binongkalan,</b>	29 Overtime Pay (MWE)
6C Foreign Address <b>Catson</b>	30 Night Shift Differential (MWE)
7 Date of Birth (MMDD/YYYY) <b>0 2 2 2 1 9 8 5</b>	31 Hazard Pay (MWE)
8 Contact Number <b>9 3 9 8 0 3 7 8 8 8</b>	32 13th Month Pay and Other Benefits (maximum of P90,000) <b>4,008.95</b>
9 Statutory Minimum Wage rate per day	33 De Minimis Benefits <b>8,861.58</b>
10 Statutory Minimum Wage rate per month	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>4,670.00</b>
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	35 Salaries and Other Forms of Compensation <b>0.00</b>
12 TIN <b>4 0 2 - 0 5 1 - 1 2 9 - 0 0 0</b>	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>17,540.53</b>

<b>Part II - Employer Information (Present)</b>	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>
13 Employer's Name <b>TeleTech Offshore Investments BV d/b/a TTEC Customer Care Mgt Phils. Branch</b>	37 Basic Salary <b>31,105.86</b>
14 Registered Address <b>FiveEcom IOF Harbor Dr MOA Pasay City Metro Manila 1300</b>	38 Representation
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	39 Transportation <b>2,953.86</b>
16 TIN	40 Cost of Living Allowance (COLA) <b>0.00</b>
17 Employer's Name	41 Fixed Housing Allowance
18 Registered Address	42 Others (specify)
18A ZIP Code	42A
18B ZIP Code	42B

<b>Part III - Employer Information (Previous)</b>	<b>SUPPLEMENTARY</b>
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>71,780.94</b>	43 Commission
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>17,540.53</b>	44 Profit Sharing
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>54,240.41</b>	45 Fees Including Director's Fees
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>	46 Taxable 13th Month Benefits <b>0.00</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>54,240.41</b>	47 Hazard Pay
24 Tax Due <b>0.00</b>	48 Overtime Pay <b>8,365.21</b>
25 Amount of Taxes Withheld	49 Others (specify)
25A Present Employer <b>0.00</b>	49A Co. Incentives <b>11,815.48</b>
25B Previous Employer, if applicable <b>0.00</b>	49B
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <b>54,240.41</b>

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.

51 <u>Ching, Emiliano Sanchez</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <b>0 9 3 0 2 0 2 3</b>
52 <u>Alindao, Mark Anthony Jr. Redelosa</u> Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. 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.	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.
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53 <u>Ching, Emiliano Sanchez</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	54 <u>Alindao, Mark Anthony Jr. Redelosa</u> Employee Signature over Printed Name
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)