



2316

**Certificate of Compensation
Payment/Tax Withheld**



2316-01/18ENC5

January 2018 (ENC5)

For Compensation Payment With or Without Tax Withheld

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) **1 1** To (MM/DD) **3 13**

Part I - Employee Information

3 TIN **#N/A #N/A #N/A #N/A**

4 Employee's Name (Last Name, First Name, Middle Name) **Malubay, Charlaine Mae Labis** 5RDO Code **081**

6 Registered Address **Neval Hills, Lahug, Cebu City** 6A Zip Code **...**

6B Local Home Address **...** 6C Zip Code **...**

6D Foreign Address **...**

7 Date of Birth (MM/DD/YYYY) **2 8 2002** 8 Contact Number **...**

9 Statutory Minimum Wage rate per day **...**

10 Statutory Minimum Wage rate per month **...**

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

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

27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) **...**

28 Holiday Pay (MWE) **...**

29 Overtime Pay (MWE) **...**

30 Night Shift Differential (MWE) **...**

31 Hazard Pay (MWE) **...**

32 13th Month Pay and Other Benefits (maximum of P90,000) **3**

33 De Minimis Benefits **.155.56**

34 SSS, GSIS, PHIC & Pag-ibig contributions and Union Dues (Employee share only) **4,207.50**
4,597.77

35 Salaries & Other Forms of Compensation **3,061.87**

36 Total Non-Taxable/Exempt compensation Income (Sum of Items 27 to 35) **15,884.70**

Part II - Employer Information (Present)

12 TIN **007 964 541 000**

13 Employer's Name **VCUSTOMER PHILIPPINES (CEBU), INC.**

14 Registered Address **4F JESA IT Center 90 General Maximo Avenue Caglin Ramon, Cebu City** 14A Zip Code **6000**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN **...**

17 Employer's Name **...**

18 Registered Address **...** 18A Zip Code **...**

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **63,718.9**

20 Less: Total Non-Taxable/Exempt compensation Income from Present Employer (from Item 36) **5**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (from Item 50) **15,884.7**

22 Add: Taxable Compensation Income from Previous Employer **0**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **47,834.25**

24 Tax Due **5**

25 Amount of Taxes Withheld

25A Present Employer **-**

25B Previous Employer **-**

26 Total Amount of Taxes Withheld As Ad **-**

TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary **47,834.25**

38 Representation **...**

39 Transportation **...**

40 Cost of Living Allowance (COLA) **...**

41 Fixed Housing Allowance **...**

42 Others (Specify):

42A **...**

42B **...**

SUPPLEMENTARY

43 Commission **...**

44 Profit Sharing **...**

45 Fees Including Director's Fees **...**

46 Taxable 13th Month Pay **...**

47 Hazard Pay **...**

48 Overtime Pay **...**

49 Others (Specify):

49A **SL CONVERSION**

49B **VL CONVERSION**

50 Total Taxable Compensation Income **47,834.25**

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. QUELONDRINO** Date Signed **...**

Present Employer Authorized Agent Signature Over Printed Name

CONFORME: **Malubay, Charlaine Mae Labis** Date Signed **...** Amount Paid, if CTC **...**

52 **Malubay, Charlaine Mae Labis** Employee Signature Over Printed Name

CTC No. / Valid ID of Employee **...** Date Signed **...**

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

59 Malubay, Charlaine Mae Labis Employee Signature Over Printed Name

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 Philippines 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.