



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



September 2024 (ENCS)

For Compensation Payment With or Without Tax Withheld

Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2024**

2 For the Period From (MMDD) **0101** To (MMDD) **0713**

3 TIN **641-599-038-00000**

4 Employee's Name (Last Name, First Name, Middle Name) **Oyao, Angel Lyca Tradlo**

5 RDO Code **081**

6 Registered Address **A Borres St, Cebu City, Cebu**

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MMDDYYYY) **11142002**

8 Contact Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

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

12 TIN **006-648-340-00000**

13 Employer's Name **EPERFORMAX CONTACT CENTERS (CEBU) CORP**

14 Registered Address **JY SQUARE IT CENTERS 1 & 3 LAHUG CEBU CITY**

14A ZIP Code **6000**

15 Type of Employer  Main Employer  Secondary Employer

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 39 and 52)	<b>121,235.48</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	<b>29,285.71</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	<b>91,949.77</b>
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>91,949.77</b>
24 Tax Due	<b>0.00</b>
25 Amount of Taxes Withheld	<b>0.00</b>
25A Present Employer	<b>0.00</b>
25B Previous Employer, if applicable	<b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>
27 5% Tax Credit (PERA Act of 2008)	<b>0.00</b>
28 Total Taxes Withheld (Items 26 less Item 27)	<b>0.00</b>

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MAE)	<b>0.00</b>
30 Holiday Pay (MWE)	<b>0.00</b>
31 Overtime Pay (MWE)	<b>0.00</b>
32 Night Shift Differential (MWE)	<b>0.00</b>
33 Hazard Pay (MWE)	<b>0.00</b>
34 13th Month Pay and Other Benefits (maximum of P90,000)	<b>19,002.84</b>
35 De Minimis Benefits	<b>0.00</b>
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>9,647.50</b>
37 Salaries and Other Forms of Compensation	<b>635.37</b>
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<b>29,285.71</b>
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	<b>81,432.39</b>
40 Representation	<b>0.00</b>
41 Transportation	<b>0.00</b>
42 Cost of Living Allowance (COLA)	<b>0.00</b>
43 Fixed Housing Allowance	<b>0.00</b>
44 Others (specify)	
44A Night Diff and Premiums	<b>10,517.38</b>
44B	<b>0.00</b>
SUPPLEMENTARY	
45 Commission	<b>0.00</b>
46 Profit Sharing	<b>0.00</b>
47 Fees Including Director's Fees	<b>0.00</b>
48 Taxable 13th Month Benefits	<b>0.00</b>
49 Hazard Pay	<b>0.00</b>
50 Overtime Pay	<b>0.00</b>
51 Others (specify)	
51A	<b>0.00</b>
51B	<b>0.00</b>
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<b>91,949.77</b>

I 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 provisions of the Data Privacy Act of 2012 (RA No. 10173) for legitimate and lawful purposes.

53 **Nezabette C. Rallica** Date Signed \_\_\_\_\_  
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

54 **Oyao, Angel Lyca Tradlo** Date Signed **09/13/2024**  
Employee Signature over Printed Name

CTC/Valid ID No. of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Signed \_\_\_\_\_ Amount paid, if CTC \_\_\_\_\_

**To be accomplished under substituted filing**

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

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 (the due equal tax withheld) and that the BIR Form No. 1604-C filed by my employer and the BIR Form No. 2316 shall serve the same purpose as my income tax return, and that BIR Form No. 2316 shall serve the same purpose as BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002.

56 **ANGEL LYCA TRADLO OYAO**  
Employee Signature over Printed Name

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)