



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".

<p>1 For the Year (YYYY) <u>2 0 2 1</u></p> <p>2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 7 0 8</u></p> <p>3 TIN <u>5 0 4 - 3 1 0 - 0 2 0 -</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>Dela Mesa, Stevien Jayme</u> 5 RDO Code <u>1 2 6</u></p> <p>6 Registered Address _____ 6A ZIP Code _____</p> <p>6B Local Home Address <u>M1 Quezon National Highway, Pusok</u> 6C ZIP Code <u>6 0 1 5</u></p> <p>6D Foreign Address <u>Lapu-Lapu City</u></p> <p>7 Date of Birth (MM/DD/YYYY) <u>0 9 1 5 2 0 0 2</u> 8 Contact Number <u>0 9 9 1 3 5 9 7 3 4 4</u></p> <p>9 Statutory Minimum Wage rate per day _____</p> <p>10 Statutory Minimum Wage rate per month _____</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>12 TIN <u>2 1 7 - 5 6 9 - 5 0 0 -</u></p> <p>13 Employer's Name <u>TTEC Customer Care Management Philippines, Inc</u></p> <p>14 Registered Address <u>FiveEcom 10F Harbor Dr</u> 14A ZIP Code <u>1 3 0 0</u></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____ 18A ZIP Code _____</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <u>85,528.16</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <u>32,976.87</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <u>52,551.29</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>52,551.29</u></p> <p>24 Tax Due <u>0.00</u></p> <p>25 Amount of Taxes Withheld <u>0.00</u></p> <p>25A Present Employer <u>0.00</u></p> <p>25B Previous Employer, if applicable <u>0.00</u></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u></p> <p>27 5% Tax Credit (PERA Act of 2008) <u>0.00</u></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <u>0.00</u></p>	<p>29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE _____</p> <p>30 Holiday Pay (MWE) _____</p> <p>31 Overtime Pay (MWE) _____</p> <p>32 Night Shift Differential (MWE) _____</p> <p>33 Hazard Pay (MWE) _____</p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) <u>13,337.69</u></p> <p>35 De Minimis Benefits <u>13,002.50</u></p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>6,636.68</u></p> <p>37 Salaries and Other Forms of Compensation <u>0.00</u></p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <u>32,976.87</u></p> <p>39 Basic Salary <u>29,665.27</u></p> <p>40 Representation _____</p> <p>41 Transportation <u>0.00</u></p> <p>42 Cost of Living Allowance (COLA) <u>0.00</u></p> <p>43 Fixed Housing Allowance _____</p> <p>44 Others (specify) _____</p> <p>44A _____</p> <p>44B _____</p> <p>45 Commission _____</p> <p>46 Profit Sharing _____</p> <p>47 Fees Including Director's Fees _____</p> <p>48 Taxable 13th Month Benefits <u>0.00</u></p> <p>49 Hazard Pay _____</p> <p>50 Overtime Pay <u>7,925.13</u></p> <p>51 Others (specify) _____</p> <p>51A <u>CO. Incentives</u> <u>14,960.89</u></p> <p>51B _____</p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <u>52,551.29</u></p>
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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.

<p>53 <u>Ching, Emiliano Sanchez/</u> <u>[Signature]</u> Present Employer/Authorized Agent Signature over Printed Name</p> <p>54 <u>Dela Mesa, Stevien Jayme</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. _____ Place of Issue _____</p>	<p>Date Signed <u>0 7 3 1 2 0 2 4</u></p> <p>Date Signed _____</p> <p>Date Issued _____</p> <p>Amount paid, if CTC _____</p>
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<p>55 <u>Ching, Emiliano Sanchez/</u> <u>[Signature]</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>56 <u>Dela Mesa, Stevien Jayme</u> Employee Signature over Printed Name</p>
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)