



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 4**

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

Part I - Employee Information

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

3 TIN **2 0 2 4 - 1 2 6**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **SALAZAR, ALQWYN ALBA**

29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) **0.00**

6 Registered Address **_____**

30 Holiday Pay (MWE) **0.00**

6B Local Home Address **_____**

31 Overtime Pay (MWE) **0.00**

6D Foreign Address **_____**

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

7 Date of Birth (MM/DD/YYYY) **0 4 0 8 2 0 0 3**

33 Hazard Pay (MWE) **0.00**

9 Statutory Minimum Wage rate per day **468.00**

34 13th Month Pay and Other Benefits (maximum of P90,000) **27,246.38**

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

35 De Minimis Benefits **0.00**

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

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **14,983.08**

Part II - Employer Information (Present)

37 Salaries and Other Forms of Compensation **10,250.96**

12 TIN **2 0 5 - 3 9 4 - 4 4 8 - 0 0 0**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **52,480.42**

13 Employer's Name **Teleperformance Philippines, Inc. FHCS**

B. TAXABLE COMPENSATION INCOME REGULAR

14 Registered Address **Aegis PeopleSupport Center Ayala cor. Sen. Gil Puyat Ave. Makati City**

39 Basic Salary **131,210.32**

15 Type of Employer Main Employer Secondary Employer

40 Representation **0.00**

Part III - Employer Information (Previous)

16 TIN **_____**

41 Transportation **0.00**

17 Employer's Name **_____**

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

18 Registered Address **_____**

43 Fixed Housing Allowance **0.00**

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **215,873.71**

44 Others (specify) **0.00**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **52,480.42**

44A Allowances **0.00**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **163,393.29**

44B **0.00**

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

SUPPLEMENTARY

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **163,393.29**

45 Commission **0.00**

24 Tax Due **0.00**

46 Profit Sharing **0.00**

25 Amount of Taxes Withheld **0.00**

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

25A Present Employer **0.00**

48 Taxable 13th Month Benefits **0.00**

25B Previous Employer, if applicable **0.00**

49 Hazard Pay **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

50 Overtime Pay **32,182.97**

27 5% Tax Credit (PERA Act of 2008) **0.00**

51 Others (specify) **0.00**

28 Total Taxes Withheld (Item 26 less Item 27) **0.00**

51A Bonuses and Incentives **0.00**

51B Retirement Benefits **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **163,393.29**

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 **Katherine Mendoza Aragon**
Present Employer/Authorized Agent Signature over Printed Name

Date Signed **1 2 2 6 2 0 2 4**

CONFORME:
54 **ALQWYN ALBA SALAZAR**
Employee Signature over Printed Name

Date Signed **_____**

CTC/Valid ID No. of Employee **_____** Place of Issue **_____**

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 **_____**
Employee Signature over Printed Name