



Certificate of Compensation Payment/Tax Withheld



2316 (2) ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X". For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) **2022**

3 TIN **385-016-154-000000**

4 Employee's Name (Last Name, First Name, Middle Name) **Sacamay, Dina**

5 BDO Code **081**

6 Registered Address **Babag 1, Cebu City, Cebu**

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **08/14/2000**

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 **006-648-340-000000**

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 38 and 52)	32,598.65
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	6,559.84
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	26,038.81
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	26,038.81
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Item 26 less Item 27)	0.00

2 For the Period From (MM/DD) **1006** To (MM/DD) **1213**

Part IV-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 MWE)	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	2,300.86
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	3,388.80
37 Salaries and Other Forms of Compensation	870.18
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	6,559.84

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	24,221.57
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	
44A Night Diff and Premiums	1,817.24
44B	0.00

SUPPLEMENTARY

45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (specify)	
51A	0.00
51B	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	26,038.81

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 Nezabete C. Raloca Present Employer/Authorized Agent Signature over Printed Name Date Signed _____

CONFORME: 54 Sacamay, Dina Employee Signature over Printed Name Date Signed _____

CTC/Valid ID No. _____ Place of Issue _____ Date Signed _____ Amount paid, if CTC _____

To be accomplished under substituted filing

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 DINA SACAMAY Employee Signature over Printed Name

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