

Certificate of Compensation Payment/Tax Withheld



BIR Form No.

2316

September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21 ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) **2 0 2 2**

2 For the Period From (MM/DD) **1 0 0 6** To (MM/DD) **1 2 1 3**
Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

Part I - Employee Information

3 TIN **3 8 5 - 0 1 6 - 1 5 4 - 0 0 0 0 0**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

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

5 RDO Code **0 8 1**

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

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

6A ZIP Code

30 Holiday Pay (MWE) **0.00**

6B Local Home Address

6C ZIP Code

31 Overtime Pay (MWE) **0.00**

6D Foreign Address

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

7 Date of Birth (MM/DD/YYYY) **0 8 1 4 2 0 0 0**

8 Contact Number

33 Hazard Pay (MWE) **0.00**

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

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

34 13th Month Pay and Other Benefits (maximum of P90,000) **2,300.86**

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

35 De Minimis Benefits **0.00**

Part II - Employer Information (Present)

12 TIN **0 0 6 - 6 4 8 - 3 4 0 - 0 0 0 0 0**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **3,388.80**

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

37 Salaries and Other Forms of Compensation **870.18**

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

14A ZIP Code **6 0 0 0**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **6,559.84**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

B. TAXABLE COMPENSATION INCOME REGULAR

17 Employer's Name

39 Basic Salary **24,221.57**

18 Registered Address

18A ZIP Code

40 Representation **0.00**

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 39 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 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**

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 Nezabette C. Rallica
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. of Employee

Place of Issue

Date Signed

Amount paid, if CTC