

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

This form is required to be filed with the Bureau of Internal Revenue when the total amount of compensation exceeds the amount specified in the schedule of compensation exempt from withholding.

2017

6/5

12/31

Employee Information

430 - 408 - 977

8 **Employee's Name** Chua, Maribeth
9A **Local Home Address** _____
9B **Foreign Address** _____

7 **Date of Birth (MM/DD/YYYY)** 7/13/1981
8 **Telephone Number** _____

9 **Exemption Status** Single Married
9A **Is the wife claiming the additional exemption for qualified dependent children?**
 Yes No

10 **Name of Qualified Dependent Children** _____
11 **Date of Birth (MM/DD/YYYY)** _____

12 **Statutory Minimum Wage rate per day** _____
13 **Statutory Minimum Wage rate per month** _____

14 Minimum Wage Earner whose compensation is exempt from withholding tax under the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Part II Employer Information (Present)

15 **Taxpayer Identification No.** 205366-921-000
16 **Employer's Name** CONVERGYS PHILIPPINES INC.
17 **Registered Address** Basement, Ground, 4th to 9th Floors SLC Building, 6797 Ayal

Part III Employer Information (Previous)

18 **Taxpayer Identification No.** _____
19 **Employer's Name** _____
20 **Registered Address** _____

Part IV-A Summary

21	Gross Compensation Income from Present Employer (Item 4 plus Item 55)	21	132,844.16
22	Less: Total Non-Taxable/Exempt (Item 4)	22	29,378.67
23	Taxable Compensation Income from Present Employer (Item 55)	23	103,465.49
24	Add: Taxable Compensation Income from Previous Employer	24	0.00
25	Gross Taxable Compensation Income	25	103,465.49
26	Less: Total Exemptions	26	150,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	0.00
28	Net Taxable Compensation Income	28	0.00
29	Tax Due	29	0.00
30	Amount of Taxes Withheld	30	0.00
30A	Present Employer	30A	0.00
30B	Previous Employer	30B	0.00
31	Total Amount of Taxes Withheld As Adjusted	31	0.00

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

			Amount
32	Base Compensation (Minimum Wage)	32	0.00
33	Overseas Pay (MWE)	33	0.00
34	Overseas Pay (MWE)	34	0.00
35	Night Shift Differential (MWE)	35	0.00
36	Hazard Pay (MWE)	36	0.00
37	13th Month Pay and Other Benefits	37	8,534.52
38	De Minimis Benefits	38	6,666.67
39	SSS, GSIS, PHIC & Pag-IBIG Contributions & Union Dues (Employees only)	39	5,556.90
40	Salaries & Other Forms of Compensation	40	8,620.58
41	Total Non-Taxable/Exempt Compensation Income	41	29,378.67
42	Basic Salary	42	76,914.54
43	Representation	43	0.00
44	Transportation	44	0.00
45	Cost of Living Allowance	45	0.00
46	Food & Lodging Allowance	46	0.00
47	Others (Specify)	47A	0.00
47B		47B	0.00
48	Commission	48	0.00
49	Profit Sharing	49	0.00
50	Fuel Including Director's Fuel	50	0.00
51	Taxable 13th Month Pay and Other Benefits	51	26,550.95
52	Hazard Pay	52	0.00
53	Overseas Pay	53	0.00
54	Others (Specify)	54A	0.00
54B		54B	0.00
55	Total Taxable Compensation Income	55	103,465.49

I declare, under the penalties of perjury, that this Certificate has been made in good faith, verified by us, and to the best of 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.

56 _____
 Present Employer/Authorized Agent Signature Over Printed Name
 CONFORME _____
57 _____
 CTC No. _____ Employee Signature Over Printed Name
 of Employee _____ Place of Issue _____

Date Signed _____
 Date Signed _____
 Date of Issue _____

Amount Paid _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

58 _____
 Present Employer/Authorized Agent Signature Over Printed Name
 (Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year, that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

 Employee Signature Over Printed Name