



Certificate of Compensation Payment/Tax Withheld

2316
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

<p>1 For the Year (YYYY) 2018</p> <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 314 850 266 000</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) MIRAL, JOMAR DEGRACIA 5 RDO Code</p> <p>6 Registered Address C/O SYKES ASIA INC. 6A Zip Code</p> <p>6B Local Home Address 6C Zip Code</p> <p>6D Foreign Address 6E Zip Code</p> <p>7 Date of Birth (MM/DD/YYYY) 03/14/1992 8 Telephone Number</p> <p>9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</p> <p>12 Statutory Minimum Wage rate per day 12 <input type="text"/> 13 13 Statutory Minimum Wage rate per month 13 <input type="text"/> 14 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II Employer Information (Present)</p> <p>15 Taxpayer Identification No. 005 057 181 000</p> <p>16 Employer's Name SYKES ASIA, INC.</p> <p>17 Registered Address 10F, Glorietta 1 Corporate Center, Hotel Drive, Ayala Center Makati City 17A Zip Code</p> <p><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No. <input type="text"/></p> <p>19 Employer's Name <input type="text"/></p> <p>20 Registered Address <input type="text"/> 20A Zip Code <input type="text"/></p> <p>Part IV-A Summary</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td>21</td><td>159,655.79</td></tr> <tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td>22</td><td>43,438.27</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td>23</td><td>116,217.52</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td>24</td><td>0.00</td></tr> <tr><td>25 Gross Taxable Compensation Income</td><td>25</td><td>116,217.52</td></tr> <tr><td>26 Less: Total Exemptions</td><td>26</td><td>0.00</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td><td>27</td><td>0.00</td></tr> <tr><td>28 Net Taxable Compensation Income</td><td>28</td><td>116,217.52</td></tr> <tr><td>29 Tax Due</td><td>29</td><td>0.00</td></tr> <tr><td>30 Amount of Taxes Withheld</td><td></td><td></td></tr> <tr><td>30A Present Employer</td><td>30A</td><td>0.00</td></tr> <tr><td>30B Previous Employer</td><td>30B</td><td>0.00</td></tr> <tr><td>31 Total Amount of Taxes Withheld As Adjusted</td><td>31</td><td>0.00</td></tr> </table>	21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	159,655.79	22 Less: Total Non-Taxable/Exempt (Item 41)	22	43,438.27	23 Taxable Compensation Income from Present Employer (Item 55)	23	116,217.52	24 Add: Taxable Compensation Income from Previous Employer	24	0.00	25 Gross Taxable Compensation Income	25	116,217.52	26 Less: Total Exemptions	26	0.00	27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	0.00	28 Net Taxable Compensation Income	28	116,217.52	29 Tax Due	29	0.00	30 Amount of Taxes Withheld			30A Present Employer	30A	0.00	30B Previous Employer	30B	0.00	31 Total Amount of Taxes Withheld As Adjusted	31	0.00	<p>2 For the Period From (MM/DD) 01 01 To (MM/DD) 07 30</p> <p>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</p> <p>A. 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TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>42 Basic Salary</td><td>42</td><td>101,711.63</td></tr> <tr><td>43 Representation</td><td>43</td><td>0.00</td></tr> <tr><td>44 Transportation</td><td>44</td><td>0.00</td></tr> <tr><td>45 Cost of Living Allowance</td><td>45</td><td>0.00</td></tr> <tr><td>46 Fixed Housing Allowance</td><td>46</td><td>0.00</td></tr> <tr><td>47 Others (Specify)</td><td></td><td></td></tr> <tr><td>47A</td><td>47A</td><td></td></tr> <tr><td>47B</td><td>47B</td><td></td></tr> </table> <p>SUPPLEMENTARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>48 Commission</td><td>48</td><td>0.00</td></tr> <tr><td>49 Profit Sharing</td><td>49</td><td>0.00</td></tr> <tr><td>50 Fees Including Director's Fees Fees</td><td>50</td><td>0.00</td></tr> <tr><td>51 Taxable 13th Month Pay and Other Benefits</td><td>51</td><td>0.00</td></tr> <tr><td>52 Hazard Pay</td><td>52</td><td>0.00</td></tr> <tr><td>53 Overtime Pay</td><td>53</td><td>0.00</td></tr> <tr><td>54 Others (Specify)</td><td></td><td></td></tr> <tr><td>54A Salaries & Other Forms of Compensation</td><td>54A</td><td>14,505.89</td></tr> <tr><td>54B</td><td>54B</td><td></td></tr> <tr><td>55 Total Taxable Compensation Income</td><td>55</td><td>116,217.52</td></tr> </table>	32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	0.00	33 Holiday Pay (MWE)	33	0.00	34 Overtime 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	16,565.48	38 De Minimis Benefits	38	0.00	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee Share Only)	39	6,186.57	40 Salaries & Other Forms of Compensation	40	20,686.22	41 Total Non-Taxable/Exempt Compensation Income	41	43,438.27	42 Basic Salary	42	101,711.63	43 Representation	43	0.00	44 Transportation	44	0.00	45 Cost of Living Allowance	45	0.00	46 Fixed Housing Allowance	46	0.00	47 Others (Specify)			47A	47A		47B	47B		48 Commission	48	0.00	49 Profit Sharing	49	0.00	50 Fees Including Director's Fees Fees	50	0.00	51 Taxable 13th Month Pay and Other Benefits	51	0.00	52 Hazard Pay	52	0.00	53 Overtime Pay	53	0.00	54 Others (Specify)			54A Salaries & Other Forms of Compensation	54A	14,505.89	54B	54B		55 Total Taxable Compensation Income	55	116,217.52
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We 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 NOEL B. VALDEZ
Senior Payroll Manager
Present Employer/Authorized Agent Signature Over Printed Name

CONFORME: 57 JOMAR D. MIRAL
Employee Signature Over Printed Name

CTC No. of Employee Place of issue

Date Signed

Date Signed

Date of issue Amount Paid

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which have been filed with 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 3-2002, as amended.

59 JOMAR D. MIRAL
Employee Signature Over Printed Name