



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Compensation Payment/Tax Withheld

BIR Form No.

# 2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

<p><b>1</b> For the Year (YYYY) <input type="text" value="2018"/></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> Taxpayer Identification No. <input type="text" value="319554094"/></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="MORANTE, NIEL NARVASA"/> <b>5</b> RDO Code <input type="text" value="051"/></p> <p><b>6</b> Registered Address <input type="text"/> <b>6A</b> Zip Code <input type="text"/></p> <p><b>6B</b> Mailing Home Address <input type="text"/> <b>6C</b> Zip Code <input type="text"/></p> <p><b>6D</b> Foreign Address <input type="text"/> <b>6E</b> Zip Code <input type="text"/></p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <input type="text" value="01201993"/> <b>8</b> Telephone Number <input type="text"/></p> <p><b>9</b> Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p><b>9A</b> Is the wife claiming the additional exemption for qualified dependent children <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>10</b> Name of Qualified Dependent Children <input type="text"/> <b>11</b> Date of Birth (MM/DD/YYYY) <input type="text"/></p> <p><b>12</b> Statutory Minimum Wage rate per day <input type="text" value="0"/> <b>12</b> <input type="text" value="0"/></p> <p><b>13</b> Statutory Minimum Wage rate per month <input type="text" value="0"/> <b>13</b> <input type="text" value="0"/></p> <p><b>14</b> <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p><b>15</b> Taxpayer Identification No. <input type="text" value="006881998"/></p> <p><b>16</b> Employer's Name <input type="text" value="EXL SERVICE PHILIPPINES"/></p> <p><b>17</b> Registered Address <input type="text" value="6TH/F SOUTH QUADRANT ONE E-COM CTR SUNSET AVE MALL OF ASIA COMPLEX"/> <b>17A</b> Zip Code <input type="text"/></p> <p><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>18</b> Taxpayer Identification No. <input type="text"/></p> <p><b>19</b> Employer's Name <input type="text"/></p> <p><b>20</b> Registered Address <input type="text"/> <b>20A</b> Zip Code <input type="text"/></p> <p><b>Part IV-A - Summary</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>21</b> Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td><b>21</b></td><td style="text-align: right;">67,919.43</td></tr> <tr><td><b>22</b> Less: Total Non-Taxable/Exempt (Item 4)</td><td><b>22</b></td><td style="text-align: right;">23,707.64</td></tr> <tr><td><b>23</b> Taxable Compensation Income from Present Employer (Item 55)</td><td><b>23</b></td><td style="text-align: right;">44,211.79</td></tr> <tr><td><b>24</b> Add: Taxable Compensation Income from Previous Employer</td><td><b>24</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>25</b> Gross Taxable Compensation Income</td><td><b>25</b></td><td style="text-align: right;">44,211.79</td></tr> <tr><td><b>26</b> Less: Total Exemption</td><td><b>26</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>27</b> Less: Premium Paid on Health and/or Hospital Insurance (If Applicable)</td><td><b>27</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>28</b> Net Taxable Compensation Income</td><td><b>28</b></td><td style="text-align: right;">44,211.79</td></tr> <tr><td><b>29</b> Tax Due</td><td><b>29</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>30</b> Amount of Taxes Withheld</td><td></td><td></td></tr> <tr><td>    <b>30A</b> Present Employer</td><td><b>30A</b></td><td style="text-align: right;">0.00</td></tr> <tr><td>    <b>30B</b> Previous Employer</td><td><b>30B</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>31</b> Total Amount of Taxes Withheld As adjusted</td><td><b>31</b></td><td style="text-align: right;">0.00</td></tr> </table>	<b>21</b> Gross Compensation Income from Present Employer (Item 41 plus Item 55)	<b>21</b>	67,919.43	<b>22</b> Less: Total Non-Taxable/Exempt (Item 4)	<b>22</b>	23,707.64	<b>23</b> Taxable Compensation Income from Present Employer (Item 55)	<b>23</b>	44,211.79	<b>24</b> Add: Taxable Compensation Income from Previous Employer	<b>24</b>	0.00	<b>25</b> Gross Taxable Compensation Income	<b>25</b>	44,211.79	<b>26</b> Less: Total Exemption	<b>26</b>	0.00	<b>27</b> Less: Premium Paid on Health and/or Hospital Insurance (If Applicable)	<b>27</b>	0.00	<b>28</b> Net Taxable Compensation Income	<b>28</b>	44,211.79	<b>29</b> Tax Due	<b>29</b>	0.00	<b>30</b> Amount of Taxes Withheld			<b>30A</b> Present Employer	<b>30A</b>	0.00	<b>30B</b> Previous Employer	<b>30B</b>	0.00	<b>31</b> Total Amount of Taxes Withheld As adjusted	<b>31</b>	0.00	<p><b>2</b> For the Period From (MM/DD) <input type="text" value="0108"/> To (MM/DD) <input type="text" value="0305"/></p> <p><b>Part IV-B - Details of Compensation Income and Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>32</b> Basic Salary/ Statutory Minimum Wage Minimum Wage Earner(MWE)</td><td><b>32</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>33</b> Holiday Pay (MWE)</td><td><b>33</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>34</b> Overtime Pay</td><td><b>34</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>35</b> Night Shift Differential(MWE)</td><td><b>35</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>36</b> Hazard Pay(MWE)</td><td><b>36</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>37</b> 13th Month Pay and Other Benefit</td><td><b>37</b></td><td style="text-align: right;">17,689.66</td></tr> <tr><td><b>38</b> De Minimis Benefits</td><td><b>38</b></td><td style="text-align: right;">4,242.88</td></tr> <tr><td><b>39</b> SSS, GSIS, PHIC &amp; Pag-Ibig Contribution &amp; Union Dues (Employee share only)</td><td><b>39</b></td><td style="text-align: right;">1,775.10</td></tr> <tr><td><b>40</b> Salaries &amp; Other Forms of Compensation</td><td><b>40</b></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>41</b> Total Non-Taxable/Exempt Compensation Income</td><td><b>41</b></td><td style="text-align: right;">23,707.64</td></tr> </table> <p><b>B. 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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** Present Employer/Authorized Agent Signature Over Printed Name  Date Signed

**57** Employee Signature Over Printed Name  Date Signed  Amount Paid

**CTC No.**  **Place of Issue**  **Date of Issue**

**TO BE ACCOMPLISHED UNDER SUBSTITUTED FILING**

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

**59** Employee Signature Over Printed Name