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"

1 For the year (YYYY): 2018 | 01 01 | 07 01

Part I Employee Information

2 Tax Payer Identification No: 314 906 579 000

3 Employee's Name (Last Name, First Name, Middle Name): Singahan, Nora 000

4 Registered Address: St. Martin Subd., Cogon West, Carme 6005

4B Local Home Address: Zip Code:

4C Foreign Address: Country:

5 Date of Birth (MM/DD/YYYY): 09 29 1992 Telephone Number:

6 Exemption Status: √ Single ☐ Married

6A Is the wife claiming the additional exemption for married individual? ☐ Yes ☐ No

10 Name of Qualified Dependent Children: Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage Per Day:

13 Statutory Minimum Wage Per Month:

14 ☐ Working Wife Married Minimum Wage Earner

Part II Employer Information (Present)

15 Taxpayer Identification No: 205 366 921 000

16 Employer's Name: CONVERGYS PHILIPPINES, INC.

17 Registered Address: 8th Floor SLC building, 6797 Ayala Zip Code: 1226

√ Main Employer ☐ Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No:

19 Employer's Name:

20 Registered Address: Zip Code:

Part IV-A Summary

21	Gross Compensation Income from Present Employer (Item 41)	241,173.88
22	Less: Total Non-Taxable Compensation (Item 42)	129,416.56
23	Taxable Compensation Income from Present Employer (Item 44)	111,757.32
24	Add: Income Compensation Income from Previous Employer	0.00
26	Gross Taxable Compensation Income	111,757.32
28	Less: Total Exemptions	0.00
27	Less: Premium Paid on Health and/or Hospitalization (if applicable)	
29	Net Taxable Compensation Income	111,757.32
30	Tax Due	0.00
30A	Amount of Taxes Withheld from Present Employer	0.00
30B	Premium Employer	
31	Total Amount of Taxes Withheld As Adjusted	0.00

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

32		0.00
33		0.00
34		0.00
35		0.00
36		0.00
37		90,000.00
38		25,058.23
39		5,185.86
40		9,172.47
41		129,416.56
42		
43		77,277.25
44		0.00
45		0.00
46		0.00
47		0.00
48		0.00
49		
47A		0.00
47B		0.00
50		0.00
51		0.00
52		0.00
53		5,002.69
54		0.00
55		14,189.96
56		
56A	EPGAL	15,287.42
56B		
57		111,757.32

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.

58 MARICAR CORONEL
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed: 08 09 2018

CONFORME:
57 Singahan, Nora
Employee Signature Over Printed Name

Date Signed:

CTC No of Employee: 24388655 Place of Issue: CARMEN CEBU Date of Issue:

Amount Paid: ₱ 29.00

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 have been filed with the Bureau of Internal Revenue

58 MARICAR CORONEL
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 calender 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 Singahan, Nora
Employee Signature Over Printed Name