Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

For Compensation Payment With or Without Tax Withheld

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

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

1 For	2018
2 From	01 01
3 To	09 11

Part I Employee Information

4 TIN	482 483 119 000
5 Employee's Name (Last Name, First Name, Middle Name)	Martin, Jeffrey 000
6 Registered Address	424 Sikatuna Street 6000
6A Zip Code	
7 Foreign Address	
7A Zip Code	
8 Date of Birth (MM/DD/YYYY)	08 19 1997
9 Contact Number	
10 Exemption Status	☑ Single ☐ Married
10A If married and claiming additional exemption for qualified dependent children?	☐ Yes ☐ No
11 Name of Qualified Dependent Children	12 Date of Birth (MM/DD/YYYY)
13 Statutory Minimum Wage/Day	13
14 Statutory Minimum Wage/Month	14
15 ☐ The amount of Basic Salary, Holiday Pay, Overtime Pay, Night Shift Differential Pay and Hazard Pay received is exempt from withholding tax.	

Part II Employer Information (Present)

16 Employer Identification No.	205 366 921 000
17 Employer's Name	CONVERGYS PHILIPPINES, INC.
18 Registered Address	8th Floor SLC building, 6797 Ayala
18A Zip Code	1226
19 Type of Employer	☑ Private Employer ☐ Government Employer

Part III Employer Information (Previous)

20 Employer Identification No.	
21 Employer's Name	
22 Registered Address	
22A Zip Code	

Part IV-A Summary

23	Gross Compensation Income from Present Employer (Item 41 plus Item 50)	276,355.29
24	Less: Total Non-Taxable/Exempt Compensation Income (Item 41)	138,348.10
25	Taxable Compensation Income from Present Employer (Item 50)	138,007.19
26	Add: Taxable Compensation Income from Previous Employer	0.00
26A	Gross Taxable Compensation Income	138,007.19
26B	Less: Total Exemptions	0.00
27	Less: Premium Paid on Health and/or Hospitalization (if applicable)	
28	Net Taxable Compensation Income	138,007.19
29	Tax Due	0.00
30	Amount of Taxes Withheld 30A Present Employer	0.00
	30B Previous Employer	
31	Total Amount of Taxes Withheld as Certified	0.00

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

		Amount
32	Basic Salary/ Statutory Minimum Wage (Monthly Minimum Wage Earner Only)	0.00
33	Holiday Pay (MWE)	0.00
34	Overtime Pay (MWE)	0.00
35	Night Shift Differential (MWE)	0.00
36	Hazard Pay (MWE)	0.00
37	13th Month Pay and Other Benefits	90,000.00
38	De Minimis Benefits	29,230.12
39	SSS, GSIS, PHIC & Pag-IBIG Contributions & Union Dues (Employee's share only)	7,324.80
40	Salaries & Other Forms of Compensation	11,793.18
41	Total Non-Taxable/Exempt Compensation Income	138,348.10
	Taxable Compensation Income	
42	Basic Salary	91,217.09
43	Representation	0.00
44	Transportation	0.00
45	Cost of Living Allowance	0.00
46	Fixed Housing Allowance	0.00
47	Others (Specify)	
47A		0.00
47B		0.00
	Commissions	
48	Commission	0.00
49	Profit Sharing	0.00
50	Fees including Director's Fees	0.00
51	Taxable 13th Month Pay and Other Benefits	10,443.28
52	Hazard Pay	0.00
53	Overtime Pay	16,691.56
54	Others (Specify)	
54A	EPGAL	19,655.26
54B		
55	Total Taxable Compensation Income	138,007.19

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 MARICAR CORONEL
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed: 10 31 2018

CONFORME:

57 Martin, Jeffrey
Employee Signature Over Printed Name

Date Signed:

CTC No. of Employee | Place of Issue | 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 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 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 Martin, Jeffrey
Employee Signature Over Printed Name