



# Certificate of Compensation Payment/Tax Withheld

# 2316

For Compensation Payment With or Without Tax Withheld

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

For the Year (YYYY) **2018**

For the Period From (MM/DD) **01 01** To (MM/DD) **10 17**

**Part I Employee Information**

3 Employer Identification No. **331-885-482**

4 Employee's Name (Last Name, First Name, Middle Name) **Ann Carmelle Aparicio Narona** RDO Code **123**

5 Registered Address \_\_\_\_\_ 5A Zip Code \_\_\_\_\_

6 Local Home Address \_\_\_\_\_ 6A Zip Code \_\_\_\_\_

7 Date of Birth (MM/DD/YYYY) **08 21 1995** Telephone Number \_\_\_\_\_

8 Exemption Status:  Single  Married

9A Is the wife claiming the additional exemption for dependent spouse?  Yes  No

10 Name of Qualified Dependent Children: \_\_\_\_\_

12 Statutory Minimum Wage (rate per day) **12**

13 Statutory Minimum Wage (rate per month) **43**

14  Statutory Minimum Wage (rate per month) is exempt from withholding tax and not subject to income tax

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

32 Basic Salary **32**

33 Statutory Minimum Wage **33**

34 Holiday Pay (days) **34**

35 Overtime Pay (days) **35**

36 Night Shift Differential (days) **36**

38 Hazard Pay (days) **38**

37 13th Month Pay and Other Benefits **37** **16135.68**

39 De Minimis Benefits **39** **23840.00**

40 GS, GS-PS, PRIC, & Pro-Rata Commissions & Union Dues (Employee's share only) **40** **8615.62**

41 Expense & Other Forms of Compensation **41** **451.44**

42 Total Non-Taxable/Exempt Compensation Income **42** **49042.74**

**Part II Employer Information (Present)**

15 Employer Identification No. **006 - 897 - 563 - 000**

16 Employer's Name **WIPRO BPO PHILIPPINES LTD. INC.**

17 Registered Address **CEBU IT TOWER LT7 BLK2 COR. ARCH REYES ST** 17A Zip Code \_\_\_\_\_

18 Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME**

43 Basic Salary **43** **103412.54**

44 Transportation **44**

45 Cost of Living Allowance **45**

46 Fixed Housing Allowance **46**

47 Others (Specify) **47**

47A MEDICAL/SALAD/OTHERS **47A** **8495.85**

47B \_\_\_\_\_ **47B**

**Part III Employer Information (Previous)**

18 Employer Identification No. \_\_\_\_\_

19 Employer's Name \_\_\_\_\_

20 Registered Address \_\_\_\_\_ 20A Zip Code \_\_\_\_\_

**Part IV-A Summary**

21 Gross Compensation Income from Present Employer (Item 43 plus Item 44) **21** **182406.63**

22 Less: Total Non-Taxable/Exempt Income (Item 42) **22** **49042.74**

23 Taxable Compensation Income from Present Employer (Item 21 minus Item 22) **23** **133363.89**

24 Add: Taxable Compensation Income from Previous Employer \_\_\_\_\_

25 Gross Taxable Compensation Income **25** **133363.89**

26 Less: Total Exemptions **26** **0**

27 Less: Premium Paid on Health and Life Insurance (Employee's share only) **27**

28 Net Taxable Compensation Income **28** **133363.89**

29 Tax Due \_\_\_\_\_

30 Amount of Taxes Withheld: **30A** **0** (Present Employer) **30B** (Previous Employer)

31 Total Amount of Taxes Withheld (As adjusted) **31** **0**

**SUPPLEMENTARY**

48 Commission **48**

49 Profit Sharing **49**

50 Fees Inclusive Directors Fees **50**

51 Taxable 13th Month Pay and Other Benefits **51** **0.00**

52 Hazard Pay **52**

53 Overtime Pay **53** **21455.50**

54 Others (Specify) **54**

54A \_\_\_\_\_ **54A**

54B \_\_\_\_\_ **54B**

55 Total Taxable Compensation Income **55** **133363.89**

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 Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 **RINA H. MALAQUE** Present Employer Authorized Agent Signature Over Printed Name Date Signed \_\_\_\_\_

CONFORME

57 \_\_\_\_\_ Employee Signature Over Printed Name Date Signed \_\_\_\_\_

CTC No. \_\_\_\_\_ Place 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 **RINA H. MALAQUE** Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) Date Signed \_\_\_\_\_

59 \_\_\_\_\_ Employee Signature Over Printed Name

*Ann Carmelle Narona*