



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**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **05 04**

Part I Employee Information

3 Taxpayer Identification No. **220 313 832 000**

4 Employee's Name (Last Name, First Name, Middle Name) **TIRO, JOHAN ESCUDERO** 5 RDO Code **126**

6 Registered Address **Montrerey Homes, Lower Mohon Talsay PHL 6045** 6A Zip Code

6B Local Home Address **Montrerey Homes, Lower Mohon Talsay PHL 6045** 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **06 01 1979** 8 Telephone Number

9 Exemption Status Single Married

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

10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day 12

13 Statutory Minimum Wage rate per month 13

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II Employer Information (Present)

15 Taxpayer Identification No. **006 934 034 000**

16 Employer's Name **COGNIZANT TECHNOLOGY SOLUTIONS PHILIPPINES INC.**

17 Registered Address **5th & 6th Floors 10 Upper McKinley Bldg McKinley Hill Fort Bonifacio, Taguig City 1634** 17A Zip Code **1634**

Main Employer Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	166,055.54
22	Less: Total Non-Taxable/Exempt (Item 41)	35,703.68
23	Taxable Compensation Income from Present Employer (Item 55)	130,351.86
24	Add: Taxable Compensation Income from Previous Employer	0.00
25	Gross Taxable Compensation Income	130,351.86
26	Less: Total Exemptions	0.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	130,351.86
29	Tax Due	0.00
30	Amount of Taxes Withheld	
30A	Present Employer	0.00
30B	Previous Employer	0.00
31	Total Amount of Taxes Withheld As adjusted	0.00

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

Amount

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

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	21,212.61
38	De Minimis Benefits	38	10,459.77
39	SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39	4,031.30
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	35,703.68

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	109,519.96
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	0.00
47B		47B	0.00

SUPPLEMENTARY

48	Commission	48	0.00
49	Profit Sharing	49	0.00
50	Fees Including Director's 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	11,496.68
54	Others (Specify)	54A	
54A	Salaries and other form of compensation	54A	9,335.22
54B		54B	0.00
55	Total Taxable Compensation Income	55	130,351.86

We declare under penalty 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
CONFORME: TIRO, JOHAN ESCUDERO

57 CTC No. **Employee Signature Over Printed Name** of Employee **Place of Issue**

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 has been filed with the 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 No. 3-2002, as amended.

59 Employee Signature Over Printed Name