DLN:

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

BIR Form No. **2316**

July 2008 (ENCS)

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): 10 29

Part I Employee Information

3 Taxpayer Identification No.: 319-627-777

4 Employee's Name (Last Name, First Name, Middle Name): EMMANUEL JR LAGNAS ECHAVEZ

5 RDO Code: 123

6 Registered Address: -

6A Zip Code: -

6B Local Home Address:

6C Zip Code:

6D Foreign Address:

6E Zip Code:

7 Date of Birth (MM/DD/YYYY): 06 29 1990

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

13 Statutory Minimum Wage rate per month

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

Part II Employer Information (Present)

15 Taxpayer 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:

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 (Jan-Dec)	249300.37
22 Less: Exemptions	50430.82
23 Taxable Compensation Income from Present Employer	198869.55
24 Less: Taxable Compensation Income not subject to Withholding Tax	
25 Net Taxable Compensation Income	198869.55
26 Less: Exemptions	0
27 Less: Premium Paid on Health and Hospitalization Insurance	
28 Net Taxable Compensation Income	198869.55
29 Tax Due	0
30 Amount of Taxes Withheld: 30A Present Employer	0
30B Previous Employer	
31 Total Amount of Taxes Withheld As adjusted	0

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)	
33 Holiday Pay (MWE)	
34 Overtime Pay (MWE)	
35 Night Shift Differential (MWE)	
36 Hazard Pay (MWE)	
37 13th Month Pay and Other Benefits	21611.88
38 De Minimis Benefits	16592.76
39 SSS, GSIS, PhilHealth and Other Mandatory Contributions	9334.70
40 Salaries and Other Forms of Compensation	2891.48
41 Total Non-Taxable/Exempt Compensation Income	50430.82
B TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	158807.88
43 Representation	
[redacted]	
47A MEDICAL/SALADJ/OTHERS	7466.65
47B	
SUPPLEMENTARY	
48 Overtime Pay	
49 Night Shift Differential	
50 Hazard Pay	
51 Taxable 13th Month Pay and Other Benefits	0.00
52 Hazard Pay	
53 Overtime Pay	32595.02
54 Others (Specify)	
54A	
54B	
55 Total Taxable Compensation Income	198869.55

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 RISNA H. MALAQUE
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 EMMANUEL JR. LAGNAS ECHAVEZ
Employee Signature Over Printed Name

Date Signed 12 19 2018

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 has been filed with the Bureau of Internal Revenue.

58 RISNA H. MALAQUE
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 EMMANUEL JR. LAGNAS ECHAVEZ
Employee Signature Over Printed Name