

DLN:



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Compensation Payment/Tax Withheld

BIR Form No.  
**2316**

For Compensation Payment With or Without Tax Withheld

PHL - BRANCH - CEBU EBLOC 2

July 2008 (ENCS)

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

1 For the Year (YYYY) **2019** 2 For the Period From (MM/DD) **0101** To (MM/DD) **0118**

**Part I Employee Information**

3 Taxpayer Identification No. **319687270**

4 Employee's Name (Last Name, First Name, Middle Name) **Amad, Jennifer Napolis**

5 RDO Code

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) **09/14/1996** 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 IV-B Details of Compensation Income and Tax Withheld from Present Employer**

Amount	Amount
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
33 Holiday Pay (MWE)	33
34 Overtime Pay (MWE)	34
35 Night Shift Differential (MWE)	35
36 Hazard Pay (MWE)	36
37 13th Month Pay and Other Benefits	37 -38.87
38 De Minimis Benefits	38 5,275.34
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 860.05
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 6,096.52
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
42 Basic Salary	42 13,335.35
43 Representation	43
44 Transportation	44 545.98
45 Cost of Living Allowance	45 0.00
46 Fixed Housing Allowance	46
47 Others (Specify)	47A
47B	47B
<b>SUPPLEMENTARY</b>	
48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53 1,922.78
54 Others (Specify)	54A
54A Co. Incentives	54A 7,643.68
54B	54B
55 Total Taxable Compensation Income	55 23,447.79

**Part II Employer Information (Present)**

15 Taxpayer Identification No. **402051129000**

16 Employer's Name **Teletech Customer Care Mgt., Phils. BR**

17 Registered Address **FiveEcom 10F Harbor Dr MOA Pasay City Metro Manila 1300** 17A Zip Code **6000**

18 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)	21	29,544.31
22 Less: Total Non-Taxable/Exempt (Item 41)	22	6,096.52
23 Taxable Compensation Income from Present Employer (Item 55)	23	23,447.79
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	23,447.79
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	0.00
28 Net Taxable Compensation Income	28	23,447.79
29 Tax Due	29	0.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	0.00
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As adjusted	31	0.00

42 Basic Salary 42 13,335.35

43 Representation 43

44 Transportation 44 545.98

45 Cost of Living Allowance 45 0.00

46 Fixed Housing Allowance 46

47 Others (Specify) 47A

47B

48 Commission 48

49 Profit Sharing 49

50 Fees Including Director's Fees 50

51 Taxable 13th Month Pay and Other Benefits 51 0.00

52 Hazard Pay 52

53 Overtime Pay 53 1,922.78

54 Others (Specify) 54A

54A Co. Incentives 54A 7,643.68

54B

55 Total Taxable Compensation Income 55 23,447.79

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 **Cagaoan Anna Liza**  
Present Employer/ Authorized Agent Signature Over Printed Name  
CONFORME  
57 **Amad, Jennifer Napolis**  
Employee Signature Over Printed Name  
CTC No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date Signed **02072019**  
Date Signed \_\_\_\_\_  
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 **Cagaoan Anna Liza**  
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 **Amad, Jennifer Napolis**  
Employee Signature Over Printed Name