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 Calendar Year: 2015

2 For the Period: From (MM/DD): 1/1 To (MM/DD): 12/31

Part I Employee Information

3 Taxpayer Identification No.: 321 - 289 - 548

4 Employee's Name (Last Name First Name Middle Name): Lastimoso, Arold

5 Registered Address: 5A Zip Code:

6 Local Home Address: 6B Zip Code:

6C Foreign Address: 6D Zip Code:

7 Date of Birth (MM/DD/YYYY): 4/4/1990

8 Contact Number:

9 Exemption Status: X Single Married

9A Husband and wife both claiming 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 whose compensation is exempt from withholding taxes, benefits and other remuneration

Part II Employer Information (Present)

15 Taxpayer Identification No.: 205-366-921

16 Employer's Name: Convergys Philippines, Inc

17 Registered Address: Basement, GF, 4F to 9F SLC Building, 6797 Ayala Avenue c 17A Zip Code:

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 45)	21	244,850.06
22 Less: Total Non-Taxable/Exempt Compensation	22	63,943.86
23 Total Taxable Compensation Income from Present Employer (Item 46)	23	180,906.20
24 Less: Total Taxable Compensation Income of Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	180,906.20
26 Less: Total Deductions	26	50,000.00
27 Less: Total Taxable Income Per Last Certificate (Attach copy of last certificate)	27	
28 Net Taxable Compensation Income	28	130,906.20
29 Tax Due	29	20,681.24
30 Amount of Taxes Withheld from Present Employer	30A	20,681.24
31 Less: Amount of Taxes Withheld from Previous Employer	30B	
32 Total Amount of Taxes Withheld As Adjusted	32	20,681.24

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

33 Basic Salary/Statutory Minimum Wage (MWE)	33	
34 Representation/Allowances (MWE)	34	
35 Bonuses (MWE)	35	
36 Commissions (MWE)	36	
37 Overtime Pay (MWE)	37	
38 Hazard Pay (MWE)	38	
39 Hazard Pay (Daily)	39	
40 Thirteenth Month Pay and Other Benefits	40	13,743.89
41 De Minimis Benefits	41	27,612.37
42 SSS, GSIS, PhilHealth & Pagibig Contribution & Union Dues (Employee's Share Only)	42	10,180.30
43 Salaries & Other Forms of Compensation	43	12,407.30
44 Total Non-Taxable/Exempt Compensation Income	44	63,943.86
B TAXABLE COMPENSATION INCOME REPORTED		
45 Basic Salary	45	150,965.94
46 Representation	46	
47 Transportation	47	
48 Commissions (Sales, Promotions)	48	
49 Profit Sharing	49	
50 Fees including Directors' Fees	50	
51 Taxable 13th Month Pay and other Benefits	51	0.00
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Other Taxable Pay	54	29,940.26
55 Total Taxable Compensation Income	55	180,906.20

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 Melody A. Cubilla
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed

CONFORME: 57 Lastimoso, Arold
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 has been filed with the Bureau of Internal Revenue.

58 Melody A. Cubilla
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 Lastimoso, Arold
Employee Signature Over Printed Name