



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) **10 29**

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

3 Tax Payer Identification No. 322 631 673 000	5 RDO Code 000	32 Basic Salary/Statutory Minimum Wage Minimum Wage Earner (MWE)	32	0.00
4 Employee's Name (Last Name, First Name, Middle Name) Reyes, Jay-r June	6A Zip Code 6000	33 Holiday Pay (MWE)	33	0.00
6 Registered Address Babag 1, Timpolok	6B Zip Code	34 Overtime Pay (MWE)	34	0.00
8B Local Home Address	6E Zip Code	35 Night Shift Differential (MWE)	35	0.00
8D Foreign Address		36 Hazard Pay (MWE)	36	0.00
7 Date of Birth (MMDDYYYY) 06 07 1989	8 Telephone number 09325742018	37 13th Month Pay and Other Benefits	37	11,527.20
9 Exemption Status Single <input checked="" type="checkbox"/> Married <input type="checkbox"/>		38 De Minimis Benefits	38	30,565.41
9A Is the wife claiming the additional exemption for qualified dependent children? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only)	39	9,002.76
10 Name of Qualified Dependent Children REYES, REIGN TRAVIS	11 Date of Birth (MMDDYYYY) 03 31 2017	40 Salaries & Other forms of Compensation	40	15,103.55
12 Statutory Minimum Wage rate per day 12		41 Total Non-Taxable/Exempt Compensation Income	41	66,198.92
13 Statutory Minimum Wage rate per month 13		B. TAXABLE COMPENSATION INCOME		
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		REGULAR		

15 Taxpayer Identification No. 205 366 921 000	17 Registered Address 8th Floor SLC building, 6797 Ayala	17A Zip Code 1226	42 Basic Salary	42	118,340.49
16 Employer's Name CONVERGYS PHILIPPINES, INC.	<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Representation	43	0.00
18 Taxpayer Identification No.	19 Employer's Name	20A Zip Code	44 Transportation	44	0.00
19 Employer's Name	20 Registered Address	20A Zip Code	45 Cost of Living Allowance	45	0.00
20 Registered Address	20A Zip Code		46 Fixed Housing Allowance	46	0.00
Part III Employer Information (Previous)			47 Others (Specify)		
18 Taxpayer Identification No.	19 Employer's Name	20A Zip Code	47A	47A	0.00
19 Employer's Name	20 Registered Address	20A Zip Code	47B	47B	0.00
20 Registered Address	20A Zip Code		SUPPLEMENTARY		

Part IV-A Summary					
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	230,519.54	48 Commission	48	0.00
22 Less: Total Non-Taxable/Exempt (Item 41)	22	66,198.92	49 Profit Sharing	49	0.00
23 Taxable Compensation Income from Present Employer (Item 55)	23	164,320.62	50 Fees including Director's Fees	50	0.00
24 Add: Taxable Compensation Income from Previous Employer	24	0.00	51 Taxable 13th Month Pay and Other Benefits	51	0.00
25 Gross Taxable Compensation Income	25	164,320.62	52 Hazard Pay	52	0.00
26 Less: Total Exemptions	26	0.00	53 Overtime Pay	53	22,628.78
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27		54 Others (Specify)		
28 Net Taxable Compensation Income	28	164,320.62	54A	54A	23,333.44
29 Tax Due	29	0.00	54B	54B	17.91
30 Amount of Taxes Withheld			55 Total Taxable Compensation Income	55	164,320.62
30A Present Employer	30A	0.00			
30B Previous Employer	30B				
31 Total Amount of Taxes Withheld As-adjusted	31	0.00			

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified 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 thereunder.

56 **MARICAR CORONEL**
Present Employer/Authorized Agent Signature Over Printed Name

DATE SIGNED: **12 01 2018**

CONFORME:
57 **Reyes, Jay-r June**
Employee Signature Over Printed Name

CTC No. of Employee: _____ Place of Issue: _____

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. 1604-CF which have been filed with the Bureau of Internal Revenue.

58 **MARICAR CORONEL**
Present Employer/Authorized Agent Signature Over Printed Name
(Head of Accounting/Personnel Resource or Author and 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 Philippines for the calendar year that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-CF 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 5-2007, as amended.

59 **Reyes, Jay-r June**
Employee Signature Over Printed Name