



Certificate of Compensation Payment/Tax Withheld

BIR Form No
2316

July 2002 - E-ACS

For Compensation Payment With or Without Tax Withheld

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

1. For the year **2019** D1 D1 08 30

Part I - Employee Information

1. Taxpayer Identification No. **328 173 398 000**

4. Employee's Name (Last Name, First Name, Middle Name) **S RDC Code**
Serata, Mary Ann Joy Felipe

6. Registered Address **6A Zip Code**
Barangay San Roque, Marikina City

6B. Local Home Address **6B Zip Code**

6C. Foreign Address **6C Zip Code**

7. Date of Birth (MM/DD/YYYY) **8. Telephone Number**

9. Exemption Status Single Married

14. Is the wife claiming the additional exemption for listed dependent children? Yes No

10. Name of Qualified Dependent Children (Last Name, First Name, Middle Name, DOB) **11. DOB**

12. Statutory Minimum Wage rate per day **12**

13. Statutory Minimum Wage rate per hour **13**

14. Minimum Wage rate per hour **withhold**

Part II - Employer Information (Present)

15. Taxpayer Identification No. **007 964 541 000**

16. Employer's Name **VCUSTOMER PHILIPPINES, INC.**

17. Registered Address **3F eCommerce Plaza Eastwood Cyberpark, Libas, Quezon City**

18. Main Employer Secondary Employer Tertiary 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 56)	21	276,367.34
22. Less: Total Non-Taxable Exempt (Item 41)	22	92,523.13
23. Taxable Compensation Income from Present Employer (Item 56)	23	193,844.22
24. Add: Taxable Compensation Income from Previous Employer	24	
25. Gross Taxable Compensation Income	25	193,844.22
26. Less: Total Exemptions	26	
27. Less: Premium Paid on Health and Hospital Insurance Coverage	27	
28. Net Taxable Compensation Income	28	193,844.22
29. Tax Due	29	
30. Amount of Taxes Withheld	30	
30A. Present Employer	30A	
30B. Previous Employer	30B	
31. Total Amount of Taxes Withheld As Adjusted	31	

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

A. NON-TAXABLE EXEMPT COMPENSATION INCOME		
32. Basic Salary	32	
33. Subsidy (Maximum of 20% of Basic Salary)	33	
34. Night Shift Differential (MSW)	34	
35. Hazard Pay (MSW)	35	
36. Overtime Pay (MSW)	36	
37. Other (Specify)	37	22,489.64
38. On-House Benefits	38	24,508.62
39. Total Non-Taxable Exempt Compensation Income	39	8,773.26
40. Basic Salary	40	26,752.41
41. Total Compensation Income	41	82,523.13
42. Basic Salary	42	193,844.22
43. Representation	43	
44. Profit Sharing	44	
45. Other (Specify)	45	
46. Total Taxable Compensation Income	46	
47. Other (Specify)	47	
47A	47A	
47B	47B	
48. Commission	48	
49. Profit Sharing	49	
50. Allowance (Travel, etc.)	50	
51. Hazard Pay	51	
52. Overtime Pay	52	
53. Other (Specify)	53	
54. Total Taxable Compensation Income	54	
55. Total Taxable Compensation Income	55	193,844.22

We warrant under the 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.

56. **MORRIS F. GONDRONG**
Present Employer (Printed and Actual Signature Over Printed Name)
Date Signed

57. **Serata, Mary Ann Joy Felipe**
Employee (Printed and Actual Signature Over Printed Name)
Date Signed

Date Signed

Date of Issue

Amount Due