

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316

USE 2017 VERSION

Application Period: Mark all appropriate boxes with an "X"

For the Year: 2017		2 For the Period From (MM/DD): <input type="text"/> To (MM/DD): <input type="text"/>	
Part I Employee Information		Part IV-B	
1 Employer Identification No. 328 173 388 0000		Overview of Compensation Income and Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) SERATA, MARY ANN JOY FELIPE		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 Registered Address BA Zip Code		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 48,841.01	
6 Local Home Address BG Zip Code		33 Holiday Pay (MWE) 33	
7 Date of Birth (MM/DD/YYYY) B Telephone Number		34 Overtime Pay (MWE) 34	
8 Extension Status <input type="checkbox"/> Single <input type="checkbox"/> Married		35 Night Shift Differential (MWE) 35	
9A Is the employee the additional dependent for qualified dependent child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No		36 Hazard Pay (MWE) 36	
9B Name of Qualified Dependent Child(ren) 11 Date of Birth (MM/DD/YYYY)		37 13th Month Pay and Other Benefits 37 24,000.00	
12 Statutory Minimum Wage rate per day 12 13		38 De Minimis Benefits 38 9,945.00	
13 Statutory Minimum Wage rate per month 13		39 SSS, GSIS, PHIC & Pag-IBIG Contributions, & Union Dues (Employee share only) 39 0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		40 Salaries & Other Forms of Compensation 40 82,786.01	
Part II Employer Information (Present)		41 Total Non-Taxable/Exempt Compensation Income 41 82,786.01	
18 Employer Identification No. 007 964 541 0000		B. TAXABLE COMPENSATION INCOME REGULAR	
16 Employer's Name MCUSTOMER PHILIPPINES (CEBU), INC.		42 Basic Salary 42 158,758.03	
17 Registered Address 17A Zip Code 90 GEN MAXILON AVE CEBU CITY CEBU 6000		43 Representation 43	
Main Employer Secondary Employer		44 Transportation 44	
Part III Employer Information (Previous)		45 Cost of Living Allowance 45	
18 Employer Identification No.		46 Fixed Housing Allowance 46	
19 Employer's Name		47 Others (Specify) 47A 0.00	
20 Registered Address 20A Zip Code		47B 47B	
Part IV-A Summary		SUPPLEMENTARY	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 40) 21 241,544.04		48 Commission 48	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 82,786.01		49 Profit Sharing 49	
23 Taxable Compensation Income from Present Employer (Item 40) 23 158,758.03		50 Fees, including Director's Fees 50	
24 Add: Taxable Compensation Income from Previous Employer 24		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
25 Gross Taxable Compensation Income 25 158,758.03		52 Hazard Pay 52	
26 Less: Total Exemptions 26 50,000.00		53 Overtime Pay 53	
27 Less: Premiums Paid on Health and/or Health Insurance (if applicable) 27 0.00		54 Others (Specify) 54A 54A 54B 54B	
28 Net Taxable Compensation Income 28 108,758.03		55 Total Taxable Compensation Income 55 158,758.03	
29 Tax Due 29 16,251.61			
30 Amount of Taxes Withheld 30A 16,251.61			
30B Previous Employer 30B			
31 Total Amount of Taxes Withheld As Adjusted 31 16,251.61			

We declare, under 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 pursuant to the provisions of the Tax Code, the Internal Revenue Code, as amended, and the regulations issued under authority thereof.

58 Present Employer Authorized Agent Signature Over Printed Name
MARY ANN JOY FELIPE SERATA
 Date Signed _____
 57 Employee Signature Over Printed Name
 Date of Issue _____
 Amount Paid _____