



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) | 2019 | 2 For the Period From (MM/DD) | 01 01 | To (MM/DD) | 02 21 |
|-----------------------|------|-------------------------------|-------|------------|-------|

Part I Employee Information

3 Taxpayer Identification No. 323-398-149

4 Employee's Name (Last Name, First Name, Middle Name) Christian Earl Reverente Ybanez

5 RDO Code 123

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 21 1995

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 II Employer Information (Present)

15 Taxpayer Identification No. 006 - 897- 563 - 000

16 Employer's Name WIPRO BPO PHILIPPINES LTD. INC.

17 Registered Address CEBU IT TOWER L77 BLK2 COR. ARCH REYES ST

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 41 plus Item 56) | 37121.98 |
| 22 Less: Total Non-Taxable/Exempt (Item 43) | 10246.64 |
| 23 Taxable Compensation Income from Present Employer (Item 56) | 26875.34 |
| 24 Add: Taxable Compensation Income from Previous Employer | |
| 25 Gross Taxable Compensation Income | 26875.34 |
| 26 Less: Total Exemptions | 0 |
| 27 Less: Premium Paid on Health and/or Health Insurance (if applicable) | |
| 28 Net Taxable Compensation Income | 26875.34 |
| 29 Tax Due | 0 |
| 30 Amount of Taxes Withheld | |
| 30A Present Employer | 0 |
| 30B Previous Employer | |
| 31 Total Amount of Taxes Withheld As Adjusted | 0 |

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

| Item | Description | Amount |
|--|--|----------|
| A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | |
| 32 | Basic Salary/Statutory Minimum Wage/Minimum Wage Earner (MWE) | |
| 33 | Holiday Pay (MWE) | |
| 34 | Overtime Pay (MWE) | |
| 35 | Night Shift Differential (MWE) | |
| 36 | Hazard Pay (MWE) | |
| 37 | 13th Month Pay and Other Benefits | 4060.47 |
| 38 | 13a Maternity Benefits | 1816.92 |
| 39 | SSS, GSIS, PHIC & Pag-IBIG Contributions, & Union Dues (Employee share only) | 1588.56 |
| 40 | Salaries & Other Forms of Compensation | 2780.69 |
| 41 | Total Non-Taxable/Exempt Compensation Income | 10246.64 |
| B. TAXABLE COMPENSATION INCOME REGULAR | | |
| 42 | Basic Salary | 23137.09 |
| 43 | Representation | |
| 44 | Transportation | |
| 45 | Cost of Living Allowance | |
| 46 | Fixed Housing Allowance | |
| 47 | Others (Specify) | |
| 47A | MEDICAL/SALAD/OTHERS | 4830.45 |
| 47B | | |
| SUPPLEMENTARY | | |
| 48 | Commission | |
| 49 | Profit Sharing | |
| 50 | Fees (including Director's Fees) | |
| 51 | Taxable 13th Month Pay and Other Benefits | -2000.00 |
| 52 | Hazard Pay | |
| 53 | Overtime Pay | 907.80 |
| 54 | Others (Specify) | |
| 54A | | |
| 54B | | |
| 55 | Total Taxable Compensation Income | 26875.34 |

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 Present Employer/ Authorized Agent Signature Over Printed Name
RISNATA MALACOTE
Date Signed

CONFORME: *[Signature]*
Date Signed 06/20/2019

57 Employee Signature Over Printed Name
Date of Issue
Place 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 Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)
RISNATA MALACOTE

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. 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 provision of R.R. No. 6700, as amended.

59 Employee Signature Over Printed Name