

DLN:



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 (YYY) **2019** 2 For the Period From (MM/DD) **0101** To (MM/DD) **0120**

Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. <b>349559751</b>	5 RDO Code	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>Rondina, Christian Sevilla</b>		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
6 Registered Address	6A Zip Code	33 Holiday Pay (MWE)	33
6B Local Home Address	6C Zip Code	34 Overtime Pay (MWE)	34
6D Foreign Address	6E Zip Code	35 Night Shift Differential (MWE)	35
7 Date of Birth (MM/DD/YYYY) <b>12/24/1998</b>	8 Telephone Number	36 Hazard Pay (MWE)	36
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		37 13th Month Pay and Other Benefits	37 0.00
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38 De Minimis Benefits	38 1,836.58
10 Name of Qualified Dependent Children	11 Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39 664.70
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation	40 0.00
13 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt Compensation Income	41 2,501.28
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	

Part II Employer Information (Present)		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
15 Taxpayer Identification No. <b>217569500</b>	16 Employer's Name <b>Teletech Customer Care Mgt., Phils. Inc.</b>	42 Basic Salary	42 5667.37
17 Registered Address <b>FiveRcom 10F Harbor Dr MOA Pasay City Metro Manila 1300</b>	17A Zip Code <b>6000</b>	43 Representation	43
<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		44 Transportation	44 266.22
18 Taxpayer Identification No.	19 Employer's Name	45 Cost of Living Allowance	45 0.00
20 Registered Address	20A Zip Code	46 Fixed Housing Allowance	46
		47 Others (Specify)	47A
		47B	47B
		<b>SUPPLEMENTARY</b>	
		48 Commission	48
		49 Profit Sharing	49
		50 Fees Including Director's Fees	50
		51 Taxable 13th Month Pay and Other Benefits	51 0.00
		52 Hazard Pay	52
		53 Overtime Pay	53 1,499.29
		54 Others (Specify)	54
		54A Co.Incentives	54A 2,129.70
		54B	54B
		55 Total Taxable Compensation Income	55 9,552.58

Part III Employer Information (Previous)		Part IV-A Summary	
18 Taxpayer Identification No.	19 Employer's Name	21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 12,053.86
20 Registered Address	20A Zip Code	22 Less: Total Non-Taxable/Exempt (Item 41)	22 2,501.28
		23 Taxable Compensation Income from Present Employer (Item 55)	23 9,552.58
		24 Add: Taxable Compensation Income from Previous Employer	24 0.00
		25 Gross Taxable Compensation Income	25 9,552.58
		26 Less: Total Exemptions	26 0.00
		27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27 0.00
		28 Net Taxable Compensation Income	28 9,552.58
		29 Tax Due	29 0.00
		30 Amount of Taxes Withheld	30 0.00
		30A Present Employer	30A 0.00
		30B Previous Employer	30B 0.00
		31 Total Amount of Taxes Withheld	31 0.00

I 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 Cagaoan, Anna Liza  
Present Employer/ Authorized Agent Signature Over Printed Name  
Date Signed **02/16/2019**

CONFORME  
57 Rondina, Christian Sevilla  
Employee Signature Over Printed Name  
Date Signed \_\_\_\_\_  
CTC No. \_\_\_\_\_ 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 Cagaoan, Anna Liza  
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 Rondina, Christian Sevilla  
Employee Signature Over Printed Name