

DLN:



Republika ng Pilipinas
Kagawaran ng Pantalanap
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) **0101** To (MM/DD) **1231**

Part I Employee Information

3 Taxpayer Identification No. **310 185 711**

4 Employer's Name (Last Name, First Name, Middle Name) **Tumulak, Alvin Bayarcal**

5 Registered Address **Tabok, Mandaué City, Mandaué City**

6A Local Home Address **BA 7ip Code**

6B Foreign Address **6C Zip Code**

7 Date of Birth (MM/DD/YYYY) **04 11 1992**

8 Telephone Number

9 Exemption Status
 Single Married
 10. Is the wife claiming the automatic exemption for qualified dependent children?
 Yes No

10 Name of Qualified Dependent Children **X**

11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day **13**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Code	Description	Amount
32	Basic Salary/ Statutory Minimum Wage/ Minimum Wage Earner (MWE)	0.00
33	Holiday Pay (MWE)	0.00
34	Overtime Pay (MWE)	0.00
35	Night Shift Differential (MWE)	0.00
36	Hazard Pay (MWE)	0.00
37	13th Month Pay and Other Benefits	90,000.00
38	De Minimis Benefits	15,587.04
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	6,986.53
40	Salaries & Other Forms of Compensation	0.00
41	Total Non Taxable/Exempt Compensation Income	112,573.57

Part II Employer Information (Present)

15 Taxpayer Identification No. **235 392 137 0000**

16 Employer's Name **Conduent Business Services Philippines, Inc.**

17 Registered Address **7th Floor Oneacom Bldg., Mall of Asia Complex, Pasay City**

17A Zip Code **1300**

18 Main Employer Secondary Employer

Part III Employer Information (Previous)

19 Taxpayer Identification No.

20 Employer's Name

21 Registered Address **22A Zip Code**

B. TAXABLE COMPENSATION INCOME

REBARS

Code	Description	Amount
42	Basic Salary	82,381.63
43	Representation	0.00
44	Transportation	0.00
45	Cost of Living Allowance	0.00
46	Fixed Housing Allowance	0.00
47A	Others (Specify)	732.80
47B		0.00
48	GRATIFICATION	0.00
49	Stock Option	0.00
50	Fees including Director's Fees	0.00
51	Taxable 13th Month Pay and Other Benefits	32,791.68
52	Hazard Pay	0.00
53	Overtime Pay	21,673.32
54A	Others (Specify)	0.00
54B		0.00
55	Total Taxable Compensation Income	137,579.43

Part IV-A Summary

Code	Description	Amount
21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	250,153.00
22	Less: Total Non-Taxable/Exempt (Item 41)	112,573.57
23	Taxable Compensation Income from Present Employer (Item 55)	137,579.43
24	Add: Taxable Compensation Income from Previous Employer	0.00
25	Gross Taxable Compensation Income	137,579.43
26	Less: Total Exemptions	0.00
27	Less: Premium Paid on Health and/or Health Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	137,579.43
29	Tax Due	0.00
30A	Amount of Taxes Withheld 30A Present Employer	0.00
30B	30B Previous Employer	0.00
31	Total Amount of Taxes Withheld As Reflected	0.00

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 Roberto Apostol
 Present Employer/ Authorized Agent Signature (Over Printed Name)
 CONFIRMED: Alvin B. Tumulak
 57 Employee Signature Over Printed Name
 Date of Issue: _____

Date Signed: _____
 Date Signed: _____
 Date of Issue: _____
 Amount Paid: _____

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 Roberto Apostol
 Present Employer/ Authorized Agent Signature (Over Printed Name)
 (Head of Accounts/ 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 Philippines in the calendar year that have been correctly withheld by my employer (tax due equals tax withheld) and the 3 (three) No. 1604CF filed by my employer to the BIR shall constitute as my return for the year, 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 Alvin B. Tumulak
 Employee Signature (Over Printed Name)