2316 January 2018 (ENCS)

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For Con

Constant of

rtificate of Compensation	
Payment/Tax Withheld	
npensation Payment With or Without Tax Withheld	2316 01/18ENCS
oxes with an "X"	

Fill in all applicable spaces. Mark all appropriate boxes with an "X"						
For the Year 2 0 1 1 9	indeed for the contract	2 For the Reriod From: (MM/DC)	0 1 0 1 To (M)	(ACC) 1 2 3 1 1		
PART 14 Employee in		The state of the s	nicer lancarrie & Tax YAMPIPPS (sono Francis di			
			PT COMPENSATION INCOME B But exempt P253,000 & below)   0.0	Anount		
4. Employee'3 Name (Last Name, East Name, Mid Abedia, Philip Leonil	dle Name) 5 RDO Code	CONTRACTOR OF THE PROPERTY OF	um Wage of the MIME	0 ]		
6 Registered Address Hours of the policies	8A ZIP Code	28 Holday Pay (MYVE)	0.0	0		
312 P.Burgos St.Mandau City	6 0 1 4	28 Overtime Pay (MWE)	0.0	0		
6B Local Hame Address	6C ZIP Code	30 Night Shift Differential	MWE) D.O	0		
The state of the s		34 Hezard Pay (MIVE)	<b>9.0</b> 1	0		
6D Forsign Address		32 13th Month Pay and C (maximum of P90.00)	)) ))	370.03		
7. Date of Birth (MM/DD/YYYY) 88 Conta	c: Number	23 Pie Minimie Benesla		172.39		
1 0 0 2 1 9 9 5		34 SSS GSIS PHIC & P and Union Dues (Emp	A'7-IBIG Contributions 12.1	753 96		
9 Statutory Minimum Waga rate per day	dissi	35 Saleries and Other Fo	ma of Compensation 2.00			
10 Statutory Minimum Wage rate per month	995	36 Total Non-Tax Ship Exa	Smpl Compensation 54,2	96.38		
Minimum Wage Evriet (MWE) whose com	pensedon is exempt from	B. TAXABLE COMPENSA		a established		
withholding tax and not subject to income is Part II. Employer informs	<b>1</b>	37 Basic Salary				
12 FIN 0 0 9 7 7 3 5	0 3 3 0 0 0 0		194.			
13 Employers (Vaine		38 Representation	D.00			
AMAZON OPERATION SERVICES PHILIPPINES, INC	7. V. A. C.	39 Transportation	<b>b</b> 00			
PHILAM LIFE CENTER CEBU CITY	14A ZIP Gode	40 Cost of Living Allowans	a (PQLA) 0.00	5.77 - 68.9824 <u>522-2</u> 909-2 <u>2</u> 40		
15 Type of Employer X Main Employer	Secondary Employer	8 75 WA	1050050ps			
O Part III Company Internal	kon (Previpue)	41 Fixed Housing Ali, wan	0.00			
		42 Others (specify)				
17 Employers Name		424	22,4	75.34		
18 Registered Aderres	18A ZIF Code	425				
	less 1	SUPPLEMENTARY				
Single State of the State of Part IVA Summ	o de la composition della comp	43 Commit Store	0.00			
19 Grose Compensation Income from Present Employer (Sum of Items: 36 and 50)	271,702.80	44 Proff Staring	<b>500</b>			
20 Less: Total Non-Fexable/Exempt Compensation Income from Present Employer (From New 36)	54,296.38	45 Feet Including Director	€ Fees 0.00			
21 Taxable Compensation Income from Present Emoloyee (flore 19 Cear Illem 20) (From Item 50)	217,408.42	46 Taxable 13th Month Se				
22 Add: Taxable Compensation Income from	0.00		0.00			
Previous Employer, #applicable 23 Gross Taxable Componestion Income		47 Hazerti Pay	0.00			
(Sum of Items 21 and 21) 24 Tax Due	217,406.42	48 Chysrtime Pay	60.00 m	200 (000)		
25 Amount of Taxes Withheld	0.00	49 Others (specify)	ikmenski president presidelji njev Nazveze S. S. Jihoveze			
25A Present Employer	0.00	6 <u>0</u> A				
25B Revious Employer if applicable	D.00	498				
26. Total Amount of Taxes Withheld as adjusted. (Sum of flems 254 and 258)	0.00	50 Total Taxable Compans (Sum of Items 37 to 498	stion Prome 217,4	06.42		
I/We declare, under the panelties of pequiv that this	certificate has been made in good faitr.	and a decision of the second		ar interaged extract humanaci to		
the provisions of the National Internal Revenue Code as comemplated under the "Data Privacy Act of 2013			r, tiwe give mylour consent to the p	coceaning of uniform information		
Ja Jan	The second secon	44 - 14 - 14 - 15 - 17 - 17 - 17 - 17 - 17 - 17 - 17	CHANNE CON BORNACION CONTRACTOR SANDON CONTRACTOR CONTR	- ACSILIAN MERCELOLOGIANI NEW PROPERTY		
Sandhis DIANA VIVO		Date Signed 0   2	1   9   2   0   2   0			
Present Employer/ Authorized Agent Signatur	e over Printed Name	<u></u>				
ONFORM2:						
52 Employee Signature over Printed N	vame	Date Signed 0   2	2 4 2 0 2 0	į.		
CTC/Valid ID No.	Place of	_		Amount paid, if CTC		
f Employee	issue	Dute Signed 0   2	2 4 2 0 2 0	0.00		
I declare, under the penalties of perjury that the information berein stated are						
reported under BIR Form No. 1604-C which has been filled with the Bureau of Internal Revenue.  (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines in the same purely in the same employer in the Philippines in the same purely in the same employer in the same employer in the same withheld by my employer (but due equals sax withheld); that the BIR Form No. 1604-C fined by my employer to the BIR shall contain a employer of the BIR shall contai			one employer in the Philippines			
Form No. 2316 shall serve the same purpose as it BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, se amended.						
53						
(Head of Accounting/ Human Resource of Authorized Representative)		54	Employee Signature over Printed Name			