

Certificate of Compensation
Payment/Tax Withheld**2316**

For Compensation Payment With or Without Tax Withheld

PHL - BRANCH - CEBU EBLOC 2

July 2008 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2 0 2 0** 2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **1 2 1 6****Part I Employee Information**3 Taxpayer Identification No. **4 3 1 3 9 9 3 4 8**4 Employee's Name (Last Name, First Name, Middle Name) **Adolfo, Hope Rosales** 5 RDO Code

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) **0 4 1 3 1 9 8 9** 8 Telephone Number9 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. **4 0 2 0 5 1 1 2 9 0 0 0**16 Employer's Name **Teletech Customer Care Mgt., Phils. BR**17 Registered Address **FiveEcom 10F Harbor Dr MOA Pasay City Metro Manila 1300** 17A Zip Code **6 0 0 0** 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 Summary21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) **121.44**22 Less: Total Non-Taxable/Exempt (Item 41) **121.44**23 Taxable Compensation Income from Present Employer (Item 55) **0.00**24 Add: Taxable Compensation Income from Previous Employer **0.00**25 Gross Taxable Compensation Income **0.00**26 Less: Total Exemptions **0.00**27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) **0.00**28 Net Taxable Compensation Income **0.00**29 Tax Due **0.00**30 Amount of Taxes Withheld 30A Present Employer **0.00**30B Previous Employer **0.00**31 Total Amount of Taxes Withheld As adjusted **0.00****Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) **32**33 Holiday Pay (MWE) **33**34 Overtime Pay (MWE) **34**35 Night Shift Differential (MWE) **35**36 Hazard Pay (MWE) **36**37 13th Month Pay and Other Benefits **37** **-575.34**38 De Minimis Benefits **38** **696.78**39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) **39** **0.00**40 Salaries & Other Forms of Compensation **40** **0.00**41 Total Non-Taxable/Exempt Compensation Income **41** **121.44**

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary **42** **0.00**43 Representation **43**44 Transportation **44** **0.00**45 Cost of Living Allowance **45** **0.00**46 Fixed Housing Allowance **46**47 Others (Specify) **47A**

47B

47C

SUPPLEMENTARY

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** **0.00**54 Others (Specify) **54A**54A **Co.Incentives** **54A** **0.00**

54B

55 Total Taxable Compensation Income **55** **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 **Cagaoan, Anna Liza** Present Employer/ Authorized Agent Signature Over Printed NameDate Signed **0 1 2 2 2 0 2 0**CONFORME: 57 **Adolfo, Hope Rosales** Employee Signature Over Printed Name

Date Signed

CTC No. of Employee Place of Issue

Date 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 **Adolfo, Hope Rosales** Employee Signature Over Printed Name