



BIR Form No. 2316
January 2018 (ENCS)
Certificate of Compensation Payment/Tax Withheld
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) **2 0 2 0** 2 For the Period From (MMDD) **0 1 0 1** To (MMDD) **0 1 0 1**

Part I - Employee Information

3 TIN **3 2 0 2 3 0 2 3 8 0 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **Pableo, Ana Floresa Bejasa** 5 RDO Code **0 8 1**

6 Registered Address **Andres Abellana Street Guadalupe, Cebu City, Cebu** 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 5 0 4 1 9 9 4** 8 Contact Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **0 0 6 6 4 8 3 4 0 0 0 0 0 0**

13 Employer's Name **EPERFORMAX CONTACT CENTERS (CEBU) CORP**

14 Registered Address **JY SQUARE IT CENTERS 1 & 3 LAHUG CEBU CITY** 14A ZIP Code **6 0 0 0**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	1,379.80
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	1,379.80
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	0.00
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	0.00
35 Salaries and Other Forms of Compensation	1,379.80
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	1,379.80
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	0.00
38 Representation	0.00
39 Transportation	0.00
40 Cost of Living Allowance (COLA)	0.00
41 Fixed Housing Allowance	0.00
42 Others (specify) NIGHT DIFF & PREMIUMS	0.00
43	0.00
44	0.00
45	0.00
46 Taxable 13th Month Benefits	0.00
47 Hazard Pay	0.00
48 Overtime Pay	0.00
49 Others (specify)	
49A	0.00
49B	0.00
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	0.00

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct in accordance with the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of this certificate under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 **gm Nezabette C. Rajeca** Date Signed _____
Present Employer/Authorized Agent Signature over Printed Name

CONFIRMED: 52 **Pableo, Ana Floresa Bejasa** Date Signed _____