



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) **2 0 1 8** 2 For the Period From (MMDD) **0 1 0 1** To (MMDD) **1 2 3 1**

Part I - Employee Information

3 TIN **3 2 7 2 9 3 8 6 5 0 0 0 1 1**

4 Employee's Name Last Name, First Name, Middle Name **KOIKE, PRINCESS SHAIRA ALLEGO** 5 RDO Code **0 4 7**

6 Registered Address **RIZAL ST, BRGY UNO, TUBURAN, CEBU** 6A ZIP Code **6 1 0 4 3**

6B Local Home Address **RIZAL ST, BRGY UNO, TUBURAN, CEBU** 6C ZIP Code **6 1 0 4 3**

6D Foreign Address

7 Date of Birth (MMDD/YYYY) **0 4 2 6 1 9 9 5** 8 Contact Number **0 9 2 2 5 1 0 7 2 8 9**

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

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

28 Holiday Pay (MWE)

29 Overtime Pay (MWE)

30 Night Shift Differential (MWE)

31 Hazard Pay (MWE)

32 13th Month Pay and Other Benefits (maximum of P90,000) **29,526.89**

33 De Minimis Benefits **13,098.85**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **10,518.87**

35 Salaries and Other Forms of Compensation **4,075.87**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **57,220.48**

Part II - Employer Information (Present)

12 TIN **2 0 5 3 9 4 4 4 8 0 0 0 1 1**

13 Employer's Name **TPPH FHCS, INC.**

14 Registered Address **TELEPERFORMANCE BLDG. AYALA COR. SEN. GIL PUYAT AVE. MAKATI** 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary **159,899.62**

38 Representation

39 Transportation

40 Cost of Living Allowance (COLA)

41 Fixed Housing Allowance

42 Others (specify)

42A **ALLOWANCES AND ADJUSTMENT** **40,487.36**

42B

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) **296,906.74**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22)

24 Tax Due

25 Amount of Taxes Withheld

25A Present Employer

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)

SUPPLEMENTARY

43 Commission

44 Profit Sharing

45 Fees Including Director's Fees

46 Taxable 13th Month Benefits

47 Hazard Pay

48 Overtime Pay **9,277.57**

49 Others (specify)

49A **LEAVES** **0.00**

49B **NIGHT DIFFERENTIAL** **30,021.71**

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **239,686.26**

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, pursuant to 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 my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 KATHERINE M. ARAGON
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

52 KOIKE, PRINCESS SHAIRA ALLEGO

Date Signed

Date Signed