



2316 01/18ENCS

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 1 2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 5 1 2

Part I - Employee Information 3 TIN 2 5 3 9 9 7 0 4 3 0 0 0 0 0 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Tumulak, Jerina, Valencia 6 Registered Address 6A ZIP Code 6B Local Home Address 6C ZIP Code 6D Foreign Address 7 Date of Birth (MM/DD/YYYY) 8 Contact Number 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 and Tax Withheld from Present Employer A. NON TAXABLE/EXEMPT COMPENSATION Amount 27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 86745.39 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) 17817.28 33 De Minimis Benefits 21083.35 34 SSS, GSIS, PHIC and Pag-ibig Contributions and Union Dues (Employee share only) 7259.00 35 Salaries and Other forms of Compensation 0.00 36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 132905.02

Part II - Employer Information (Present) 12 TIN 0 0 0 8 4 5 5 4 3 0 0 0 0 0 13 Employer's Name Accenture Inc. 14 Registered Address 14A ZIP Code 7F, ROBINSONS CYBERGATE 1 PIONEER ST, BARANGKA ILAYA MANDALUYONG CITY, METRO MANILA 1550 15 Type of Employer [X] Main Employer [] Secondary Employer

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) 42A Other Income 0.00 42B Other Income 0.00

Part III - Employer Information (Previous) 16 TIN 17 Employer's Name 18 Registered Address 18A ZIP Code

Part IV-A Summary 19 Gross Compensation Income From present Employer (Sum of Items 36 and 50) 132905.02 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 132905.02 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 25A Present Employer 0.00 25B Previous Employer, if applicable 0.00 26 Total Amount of Tax Withheld as adjusted (Sum of Items 25A and 25B) 0.00

SUPPLEMENTARY 43 Commission 0.00 44 Profit Sharing 0.00 45 Fees Including Director's fee 0.00 46 Taxable 13th Month Benefits 0.00 47 Hazard Pay 0.00 48 Overtime Pay 0.00 49 Others (Specify) 49 A Other Income 0.00 49 B Other Income 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, 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 Jennifer Pascua Agcaoili Present Employer/Authorized Agent Signature over Printed Name Date Signed 0 7 1 4 2 0 2 1 CONFORME: 52 Tumulak, Jerina, Valencia Employee Signature Over Printed Name Date Signed Amount Paid, if CTC CTC/Valid ID No. of Employee 0627405389 Place of Issue Date Signed

To be accomplished under substituted Filing I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue. I declare, under the penalties of perjury that I am qualified under substituted filing from Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. 53 Present Employer / Authorized Agent Signature Over Printed Name (Head of Accounting / Human Resource or Authorized Representative) 54 Employee Signature Over Printed Name