



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

2316 01/18ENC5

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

<p>1 For the Year (YYYY) <u>2 0 2 0</u></p> <p>Part I - Employee Information</p> <p>3 TIN <u>2 9 4 - 4 7 1 - 7 4 6 -</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>CARDINES, LEA KRISTEN SUDE</u></p> <p>5 RDO Code <u>041</u></p> <p>6 Registered Address <u>Eskina Gamay, Upper Bayong, Inayagan City of Naga</u></p> <p>6A ZIP Code _____</p> <p>6B Local Home Address _____</p> <p>6C ZIP Code _____</p> <p>6D Foreign Address _____</p> <p>7 Date of Birth (MM/DD/YYYY) <u>0 6 0 8 1 9 9 2</u></p> <p>8 Contact Number _____</p> <p>9 Statutory Minimum Wage rate per day _____</p> <p>10 Statutory Minimum Wage rate per month _____</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN <u>0 1 0 - 2 3 8 - 0 4 3 - 0 0 0 0</u></p> <p>13 Employer's Name <u>Integrated Call Center Solutions (Philippines), Inc</u></p> <p>14 Registered Address <u>183 EDSA corner Ortigas Ave., Wack Wack, Greenhills, City of Mandaluyong</u></p> <p>14A ZIP Code <u>1 5 5 5</u></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____</p> <p>18A ZIP Code _____</p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <u>320,121.84</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>68,630.00</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <u>251,491.84</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>251,491.84</u></p> <p>24 Tax Due <u>298.37</u></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <u>298.37</u></p> <p>25B Previous Employer, if applicable <u>0.00</u></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>298.37</u></p>	<p>2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>1 2 3 1</u></p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td>27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>28 Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>29 Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>30 Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">38,415.27</td></tr> <tr><td>33 De Minimis Benefits</td><td style="text-align: right;">10,462.53</td></tr> <tr><td>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td><td style="text-align: right;">14,330.76</td></tr> <tr><td>35 Salaries and Other Forms of Compensation</td><td style="text-align: right;">5,421.44</td></tr> <tr><td>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td><td style="text-align: right;">68,630.00</td></tr> <tr> <th style="width:80%;">B. TAXABLE COMPENSATION INCOME REGULAR</th> <th style="width:20%;">Amount</th> </tr> <tr><td>37 Basic Salary</td><td style="text-align: right;">210,051.27</td></tr> <tr><td>38 Representation</td><td style="text-align: right;">0.00</td></tr> <tr><td>39 Transportation</td><td style="text-align: right;">0.00</td></tr> <tr><td>40 Cost of Living Allowance (COLA)</td><td style="text-align: right;">0.00</td></tr> <tr><td>41 Fixed Housing Allowance</td><td style="text-align: right;">0.00</td></tr> <tr><td>42 Others (specify)</td><td></td></tr> <tr><td>42A _____</td><td style="text-align: right;">674.57</td></tr> <tr><td>42B _____</td><td style="text-align: right;">0.00</td></tr> <tr> <th style="width:80%;">SUPPLEMENTARY</th> <th style="width:20%;">Amount</th> </tr> <tr><td>43 Commission</td><td style="text-align: right;">0.00</td></tr> <tr><td>44 Profit Sharing</td><td style="text-align: right;">0.00</td></tr> <tr><td>45 Fees Including Director's Fees</td><td style="text-align: right;">0.00</td></tr> <tr><td>46 Taxable 13th Month Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>47 Hazard Pay</td><td style="text-align: right;">0.00</td></tr> <tr><td>48 Overtime Pay</td><td style="text-align: right;">40,766.00</td></tr> <tr><td>49 Others (specify)</td><td></td></tr> <tr><td>49A _____</td><td style="text-align: right;">0.00</td></tr> <tr><td>49B _____</td><td style="text-align: right;">0.00</td></tr> <tr><td>50 Total Taxable Compensation Income (Sum of Items 37 to 49B)</td><td style="text-align: right;">251,491.84</td></tr> </tbody> </table>	A. 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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
Arlene Quebral
Present Employer/Authorized Agent Signature over Printed Name

Date Signed 0 | 1 | 0 | 7 | 2 | 0 | 2 | 2

CONFORME:

52 CARDINES, LEA KRISTEN SUDE
Employee Signature over Printed Name

Date Signed _____

CTC/Valid ID No. _____ Place of _____
of Employee _____ Issue _____

Date Signed _____ Amount paid, if CTC _____

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.

53
Arlene Quebral
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 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.

54 CARDINES, LEA KRISTEN SUDE
Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)