



<p>BIR Form No. 2316 January 2018 (ENCS)</p>	<p>Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld</p>	<p>2316 01/18ENCS</p>
<p>Fill in all applicable spaces. Mark all appropriate boxes with an "X".</p>		
<p>1 For the Year (YYYY) 2 0 2 0</p>	<p>2 For the Period From (MM/DD) _____ To (MM/DD) _____</p>	
<p>Part I - Employee Information</p>		
<p>3 TIN 374 - 707 - 682 -</p>	<p>4 Employee's Name (Last Name, First Name, Middle Name) Clarito, Ju-Lian Nicole O.</p>	
<p>5 RDO Code 0 8 1</p>	<p>6 Registered Address Lapu-Lapu Canjulaos Cebu</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) 1 2 1 2 2 0 0 1</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 0 0 7 - 9 6 4 - 5 4 1 - 0 0 0 0 0 0</p>	<p>13 Employer's Name VCUSTOMER PHILIPPINES CEBU INC</p>	
<p>14 Registered Address Jessa ITC 90 Gen Maxilom Avenue Cebu City Cebu</p>	<p>14A ZIP Code 6 0 0 0</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) 118,040.89</p>	<p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 39,004.22</p>	
<p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 79,036.67</p>	<p>22 Add: Taxable Compensation Income from Previous Employer, if applicable</p>	
<p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 79,036.67</p>	<p>24 Tax Due</p>	
<p>25 Amount of Taxes Withheld</p>		
<p>25A Present Employer</p>		
<p>25B Previous Employer, if applicable</p>		
<p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</p>		
<p>27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</p>		
<p>28 Holiday Pay (MWE)</p>		
<p>29 Overtime Pay (MWE)</p>		
<p>30 Night Shift Differential (MWE)</p>		
<p>31 Hazard Pay (MWE)</p>		
<p>32 13th Month Pay and Other Benefits (maximum of P90,000) 20,584.22</p>		
<p>33 De Minimis Benefits 13,000.00</p>		
<p>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 5,420.00</p>		
<p>35 Salaries and Other Forms of Compensation</p>		
<p>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 39,004.22</p>		
<p>B. TAXABLE COMPENSATION INCOME REGULAR</p>		
<p>37 Basic Salary 79,036.67</p>		
<p>38 Representation</p>		
<p>39 Transportation</p>		
<p>40 Cost of Living Allowance (COLA)</p>		
<p>41 Fixed Housing Allowance</p>		
<p>42 Others (specify)</p>		
<p>42A</p>		
<p>42B</p>		
<p>SUPPLEMENTARY</p>		
<p>43 Commission</p>		
<p>44 Profit Sharing</p>		
<p>45 Fees Including Director's Fees</p>		
<p>46 Taxable 13th Month Benefits</p>		
<p>47 Hazard Pay</p>		
<p>48 Overtime Pay</p>		
<p>49 Others (specify)</p>		
<p>49A</p>		
<p>49B</p>		
<p>50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 79,036.67</p>		
<p>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 (RA No. 10173)" for legitimate and lawful purposes.</p>		
<p>51 <u>Morris F. Quilondring</u> Present Employer/Authorized Agent Signature over Printed Name</p>		<p>Date Signed 0 2 0 3 2 0 2 1</p>
<p>CONFORME:</p>		
<p>52 <u>Clarito, Ju-Lian Nicole O.</u> Employee Signature over Printed Name</p>		<p>Date Signed _____</p>
<p>CTC/Valid ID No. of Employee 11295062 Place of Issue _____</p>		<p>Date Signed _____ Amount paid, if CTC _____</p>
<p>To be accomplished under substituted filing</p>		
<p>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.</p>		<p>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.</p>
<p>53 _____ Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>		<p>54 _____ Employee Signature over Printed Name</p>