



BIR Form No. 2316 January 2018 (ENCS)	Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) <u>2 0 2 1</u>	2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>1 2 0 4</u>
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Part I - Employee Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN <u>3 8 5 - 0 5 6 - 0 8 2 -</u>	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME																																						
4 Employee's Name (Last Name, First Name, Middle Name) <u>Jandayan, Ma. Faith Castro</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: right;">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></td> </tr> <tr> <td>28 Holiday Pay (MWE)</td> <td></td> </tr> <tr> <td>29 Overtime Pay (MWE)</td> <td></td> </tr> <tr> <td>30 Night Shift Differential (MWE)</td> <td></td> </tr> <tr> <td>31 Hazard Pay (MWE)</td> <td></td> </tr> <tr> <td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right;">3,945.21</td> </tr> <tr> <td>33 De Minimis Benefits</td> <td style="text-align: right;">3,422.22</td> </tr> <tr> <td>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">4,567.50</td> </tr> <tr> <td>35 Salaries and Other Forms of Compensation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td> <td style="text-align: right;">11,934.93</td> </tr> </tbody> </table>		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)	3,945.21	33 De Minimis Benefits	3,422.22	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	4,567.50	35 Salaries and Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	11,934.93																
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6A ZIP Code _____																																							
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6C ZIP Code _____																																							
6D Foreign Address _____																																							
7 Date of Birth (MM/DD/YYYY) <u>0 1 1 0 1 9 9 9</u>																																							
8 Contact Number _____																																							
9 Statutory Minimum Wage rate per day _____																																							
10 Statutory Minimum Wage rate per month _____																																							
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax																																							

Part II - Employer Information (Present)

12 TIN <u>2 1 7 - 5 6 9 - 5 0 0 -</u>	13 Employer's Name <u>Teletech Customer Care Mgt., Phils. Inc.</u>
14 Registered Address <u>FiveEcom 10F Harbor Dr MOA Pasav City Metro Manila 1300</u>	14A ZIP Code <u>6 0 0 0</u>
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> 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)	76,548.46
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	11,934.93
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	64,613.53
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	64,613.53
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

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 <u>Cagaoan, Anna Liza B.</u>	Date Signed _____
Present Employer/Authorized Agent Signature over Printed Name	
CONFORME:	
52 <u>Jandayan, Ma. Faith Castro</u>	Date Signed _____
Employee Signature over Printed Name	
CTC/Valid ID No. _____ Place of 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.	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.
53 <u>Cagaoan, Anna Liza B.</u>	54 <u>Jandayan, Ma. Faith Castro</u>
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	Employee Signature over Printed Name

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