



BIR Form No. <h1 style="margin:0;">2316</h1> January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> 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) 2022	2 For the Period From (MM/DD) 1 1 To (MM/DD) 1 1
------------------------------------------	--------------------------------------------------------------------------

Part I - Employee Information

3 TIN **512 796 960 000**

4 Employee's Name (Last Name, First Name, Middle Name) **Bulo, Rina Mae Bordones** **5** RDO Code **081**

6 Registered Address **83- D Katipunan St., Labangon, Cebu City** **6A** Zip Code

6B Local Home Address **6C** Zip Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **11 26 1999** **8** Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner 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 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)	-
33 De Minimis Benefits	1,000.00
34 SSS, GSIS, PHIC & Pag-ibig contributions and Union Dues (Employee share only)	370.00
35 Salaries & Other Forms of Compensation	950.00
36 Total Non-Taxable/Exempt compensation Income (Sum of Items 27 to 35)	2,320.00

Part II - Employer Information (Present)

12 TIN **007 964 541 000**

13 Employer's Name **VCUSTOMER PHILIPPINES (CEBU), INC.**

14 Registered Address **4F JESA IT Center 90 General Maxilom Avenue Cogon Ramos, Cebu City** **14A** Zip Code **6000**

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	1,639.19
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	
42B	

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address **18A** Zip Code

SUPPLEMENTARY	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay	-
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	SL CONVERSION
49B	VL CONVERSION

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	3,959.19
20 Less: Total Non-Taxable/Exempt compensation Income from Present Employer (From Item 36)	2,320.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	1,639.19
22 Add: Taxable Compensation Income from Previous Employer	-
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	1,639.19
24 Tax Due	-
25 Amount of Taxes Withheld	
25A Present Employer	-
25B Previous Employer	-
26 Total Amount of Taxes Withheld As A Sum of Items 25A and 25B)	-

49 Others (Specify)	
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	1,639.19

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 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>MORRIS F. QUILONDRINO</u> Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed	<input style="width:100%;" type="text"/>
CONFORME: 52 <u>Bulo, Rina Mae Bordones</u> Employee Signature Over Printed Name	Date Signed	<input style="width:100%;" type="text"/>
CTC No. / Valid ID of Employee <input style="width:100%;" type="text"/>	Place of Issue <input style="width:100%;" type="text"/>	Date Signed <input style="width:100%;" type="text"/>
Amount Paid, if CTC <input style="width:100%;" type="text"/>		

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 MORRIS F. QUILONDRINO
 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 Returns(BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 Bulo, Rina Mae Bordones
 Employee Signature Over Printed Name

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