BIR Form No.

Annex "A"

Certificate of Compensation Payment/Tax Withheld



2316 January 2018 (ENCS)	Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld 2316 01/18ENCS							
Fill in all applicable spaces. N	Vith or Without Ta	x Withheld		2	316 01/18ENCS			
1 For the Year (YYYY)	2 0 2 2			2 For the Period From (MM/DI	D) 0 1 0	1 To (MI		2 0 4
3 TIN 4 8 1 .	art I - Employee Information		1 [ails of Compensation In			ount
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Alvarez, Jenely Ongos					ncluding the exempt P250, Minimum Wage of the M			
6 Registered Address 6A ZIP Code				28 Holiday Pay (MWE)				
6B Local Home Address 6C ZIP Code				29 Overtime Pay (MWE)				
SitioKabarangSapangdako 6 0 0 0				30 Night Shift Differential (MWE)				
D Toleigh Addless CCDA CTCy				31 Hazard Pay (MWE)				
7 Date of Birth (MM/DDYYYY) 8 Contact Number 9 6 6 4 9 9 0 2 0 5 4 9 9 6 6 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 9 0 2 0 5 4 9 0 2 0 5 4 9 9 0 2 0 5 6 9 0 0 2 0 0 5 6 9 0 0 2 0 0 5 6 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				(maximum or recipeo)				1,150.68
9 Statutory Minimum Wage rate per day				34 SSS, GSIS, PHIC & PAG-IBIG Contributions 1.657.				4,193.22 1,657.50
10 Statutory Minimum Wage rate per month				and Union Dues (Employee share only)				0.00
Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax Part II - Employer Information (Present)				36 Total Non-Taxable/Exempt Compensation 7 , 0 0 1 . 40 Income (Sum of Hems 27 to 35)				
12 TIN 4 0 2 - 0 5 1 - 1 2 9 - 0 0 0 1				B. TAXABLE COMPENSATION INCOME REGULAR				
13 Employer's Name TeleTech Offshore Investments BV d/b/a TeleTech Customer Care Mgt Phils. Branch				37 Basic Salary	,	[15,145.95
14 Registered Address Fiv			ZIP Code	38 Representat	ion			
MOA Pasav Citv 15 Type of Employer	Metro Manila Main Employer	Secondary Empl	0 10 10 over	39 Transportation				700.71
Part III - Employer Information (Previous)					ng Allowance (COLA)	Ĺ		0.00
				41 Fixed Housin		Ĺ		
17 Employer's Name				42 Others (spec	eity)			
18 Registered Address		18A	ZIP Code	42B				
				SUPPLEME	NTARY			
19 Gross Compensation Inc	Part IVA - Summary ome from Present	2.7	402 62	43 Commission				
Employer (Sum of Items 36	Employer (Sum of Items 36 and 50) Less: Total Non-Taxable/Exempt Compensation		27,402.62		44 Profit Sharing			
Income from Present Em	Income from Present Employer (From Item 36) Taxable Compensation Income from Present		7,001.40		45 Fees Including Director's Fees			
Employer (Item 19 Less Ite 22 Add: Taxable Compensa	m 20) (From Item 50)	20,	0.00	46 Taxable 13th	n Month Benefits			0.00
Previous Employer, if app 23 Gross Taxable Compens		20	401.22	47 Hazard Pay				
(Sum of Items 21 and 22) 24 Tax Due		0.00		48 Overtime Pay 49 Others (specify)			1,751.72	
25 Amount of Taxes Withhe 25A Present Employer	ld		0.00	49 Others (spec	Incentives			2,802.84
25B Previous Employer,	if applicable		0.00	49B				
26 Total Amount of Taxes W (Sum of Items 25A and 25B)			0.00	50 Total Taxabl (Sum of Items	e Compensation Inco	ome		20,401.22
I/We declare, under the per the provisions of the National I as contemplated under the *Da	nalties of perjury that this cer nternal Revenue Code, as a ata Privacy Act of 2012 (R.A	mended, and the regu	ulations issued	under authority there				
01	na Liza B: 🛹				Date Signed		1 1	
Present Employe CONFORME:			1 1					
Emp	, Jenely Ongos oloyee Signature over Pri				Date Signed			Amount paid, if CTC
CTC/Valid ID No. of Employee		Place of Issue	omplished	nder substituted	Date Signed			
I declare, under the pena reported under BIR Form 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							
53 Cagaoan, Anna Liza] Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)				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. 5.4 Alvarez , Jenely Ongos				
(Head of Account)	54 Alvarez, Jenely Ongos Employee Signature over Printed Name							