For BIR Use Only BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316
January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

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): 2021

2 For the Period From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN: 378-157-211-00000

4 Employee's Name (Last Name, First Name, Middle Name): Lepatan, Paul Vincent T.

5 RDO Code: 081

6 Registered Address: Blk.8, Lot.14, Villa Donna Subdivision, Brgy. Biasong, Talisay City

6A ZIP Code:

6B Local Home Address:

6C ZIP Code:

6D Foreign Address:

7 Date of Birth (MM/DD/YYYY): 04012002

8 Contact Number:

9 Statutory Minimum Wage rate per day:

10 Statutory Minimum Wage rate per month:

11 [ ] Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN: 007-964-541-00000

13 Employer's Name: VCUSTOMER PHILIPPINES CEBU INC

14 Registered Address: Jesa ITC 90 Gen Maxilom Avenue Cebu City Cebu

14A ZIP Code: 6000

15 Type of Employer: [X] Main Employer [ ] 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)	235,490.43
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	68,826.06
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	166,664.38
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	166,664.38
24 Tax Due	
25 Amount of Taxes Withheld	
25A Present Employer	
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	

Part IV-B Details of Compensation Income & 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)	29,826.03
33 De Minimis Benefits	26,942.53
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,057.50
35 Salaries and Other Forms of Compensation	
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	68,826.06
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	166,664.38
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (specify)	
42A	
42B	
SUPPLEMENTARY	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Benefits	
47 Hazard Pay	
48 Overtime Pay	
49 Others (specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	166,664.38

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 Morris F. Quilondrino
Present Employer/Authorized Agent Signature over Printed Name

Date Signed: 01262022

CONFORME:

52 Lepatan, Paul Vincent T.
Employee Signature over Printed Name

Date Signed:

CTC/Valid ID No. of Employee: 3495599165

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.

53 _____
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 _____
Employee Signature over Printed Name

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