



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) <b>2 0 2 1</b>		2 For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>1 1 1 5</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
3 TIN <b>4 6 2 - 3 0 5 - 4 4 5 -</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>Maglasang, Jean Cascabel</b>		5 RDO Code <b>1 2 6</b>	
6 Registered Address		6A ZIP Code	
6B Local Home Address <b>165 Sikatuna St Brgy Bay-As Cebu</b>		6C ZIP Code <b>6 0 0 0</b>	
6D Foreign Address		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
7 Date of Birth (MM/DD/YYYY) <b>0 1 1 9 1 9 9 3</b>	8 Contact Number <b>9 1 5 0 3 1 3 6 2 3</b>	28 Holiday Pay (MWE)	
9 Statutory Minimum Wage rate per day		29 Overtime Pay (MWE)	
10 Statutory Minimum Wage rate per month		30 Night Shift Differential (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		31 Hazard Pay (MWE)	
<b>Part II - Employer Information (Present)</b>		32 13th Month Pay and Other Benefits (maximum of P90,000) <b>17,570.55</b>	
12 TIN <b>2 1 7 - 5 6 9 - 5 0 0 -</b>		33 De Minimis Benefits <b>49,302.73</b>	
13 Employer's Name <b>TeleTech Customer Care Management Phils. Inc.</b>		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>10,737.50</b>	
14 Registered Address <b>10F Five Ecom Center Blk18 Harbor Drive MOA Complex Pasay</b>		35 Salaries and Other Forms of Compensation <b>9,000.00</b>	
14A ZIP Code <b>1 3 0 0</b>		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>86,610.78</b>	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
<b>Part III - Employer Information (Previous)</b>		37 Basic Salary <b>52,719.94</b>	
16 TIN		38 Representation	
17 Employer's Name		39 Transportation <b>9,767.58</b>	
18 Registered Address		40 Cost of Living Allowance (COLA)	
18A ZIP Code		41 Fixed Housing Allowance	
<b>Part IVA - Summary</b>		42 Others (specify)	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>181,314.88</b>		42A	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>86,610.78</b>		42B	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>94,704.10</b>		<b>SUPPLEMENTARY</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		43 Commission	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>94,704.10</b>		44 Profit Sharing	
24 Tax Due <b>0.00</b>		45 Fees Including Director's Fees	
25 Amount of Taxes Withheld		46 Taxable 13th Month Benefits <b>0.00</b>	
25A Present Employer <b>0.00</b>		47 Hazard Pay	
25B Previous Employer, if applicable <b>0.00</b>		48 Overtime Pay <b>8,925.04</b>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>		49 Others (specify)	
		49A <b>Co. Incentives</b> <b>23,291.54</b>	
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <b>94,704.10</b>	

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> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME: 52 <u>Maglasang, Jean Cascabel</u> Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee	Place of Issue	Date Signed
		Amount paid, if CTC

### To be accomplished under substituted filing

53 <u>Cagaoan, Anna Liza B</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	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.
54 <u>Maglasang, Jean Cascabel</u> Employee Signature over Printed Name	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.

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