



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 2</u>	2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 3 1 8</u>
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Part I - Employee Information

3 TIN <u>5 1 2 - 1 0 3 - 4 5 6 -</u>	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
4 Employee's Name (Last Name, First Name, Middle Name) <u>Diez, Nicole Dem Lopez</u>	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
5 RDO Code	28 Holiday Pay (MWE)
6 Registered Address	29 Overtime Pay (MWE)
6A ZIP Code	30 Night Shift Differential (MWE)
6B Local Home Address <u>140C.SikatunaSt.</u>	31 Hazard Pay (MWE)
6C ZIP Code <u>6 0 0 0</u>	32 13th Month Pay and Other Benefits (maximum of P90,000) 2,531.51
6D Foreign Address Cebu	33 De Minimis Benefits 2,725.60
7 Date of Birth (MM/DD/YYYY) <u>0 9 2 7 1 9 9 8</u>	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 3,180.00
8 Contact Number <u>9 4 9 5 6 9 3 7 3 0</u>	35 Salaries and Other Forms of Compensation 0.00
9 Statutory Minimum Wage rate per day	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 8,437.11
10 Statutory Minimum Wage rate per month	B. TAXABLE COMPENSATION INCOME REGULAR
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	37 Basic Salary 29,504.83

Part II - Employer Information (Present)

12 TIN <u>2 1 7 - 5 6 9 - 5 0 0 -</u>	38 Representation
13 Employer's Name <u>TeleTech Customer Care Management Philippines, Inc</u>	39 Transportation 0.00
14 Registered Address <u>FiveEcom 10F Harbor Dr</u>	40 Cost of Living Allowance (COLA) 0.00
14A ZIP Code <u>MOA Pasav City Metro Manila 1300</u> <u>6 0 0 0</u>	41 Fixed Housing Allowance
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	42 Others (specify)

Part III - Employer Information (Previous)

16 TIN	42A
17 Employer's Name	42B
18 Registered Address	43 Commission
18A ZIP Code	44 Profit Sharing

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 56,340.83	45 Fees Including Director's Fees
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 8,437.11	46 Taxable 13th Month Benefits 0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 47,903.72	47 Hazard Pay
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	48 Overtime Pay 7,496.45
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 47,903.72	49 Others (specify)
24 Tax Due 0.00	49A <u>Co. Incentives</u> 10,902.44
25 Amount of Taxes Withheld	49B
25A Present Employer 0.00	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 47,903.72
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	<input type="text"/>
Present Employer/Authorized Agent Signature over Printed Name		
CONFORME:		
52 <u>Diez, Nicole Dem Lopez</u>	Date Signed	<input type="text"/>
Employee Signature over Printed Name		
CTC/Valid ID No. of Employee <input type="text"/>	Date Signed	<input type="text"/>
Place of Issue <input type="text"/>		
Amount paid, if CTC <input 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.	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>Diez, Nicole Dem Lopez</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)