



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>7 3 9 - 8 8 5 - 6 9 6 -</u>	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
4 Employee's Name (Last Name, First Name, Middle Name) <u>Oroyan, Melvie Cajés</u>	28 Holiday Pay (MWE)
5 RDO Code	29 Overtime Pay (MWE)
6 Registered Address	30 Night Shift Differential (MWE)
6A ZIP Code	31 Hazard Pay (MWE)
6B Local Home Address <u>Blk8L29AstanaHomesCalawisan</u>	32 13th Month Pay and Other Benefits (maximum of P90,000) <u>2,531.51</u>
6C ZIP Code <u>6 0 1 5</u>	33 De Minimis Benefits <u>11,940.59</u>
6D Foreign Address <u>Lapu-Lapu City</u>	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>3,337.50</u>
7 Date of Birth (MM/DD/YYYY) <u>1 1 2 2 1 9 9 8</u>	35 Salaries and Other Forms of Compensation <u>0.00</u>
8 Contact Number <u>9 7 7 3 6 3 3 9 1 9</u>	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <u>17,809.60</u>
9 Statutory Minimum Wage rate per day	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
10 Statutory Minimum Wage rate per month	Amount
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	37 Basic Salary <u>33,765.95</u>

Part II - Employer Information (Present)

12 TIN <u>2 1 7 - 5 6 9 - 5 0 0 -</u>	37 Basic Salary <u>33,765.95</u>
13 Employer's Name <u>TeleTech Customer Care Management Philippines, Inc</u>	38 Representation
14 Registered Address <u>FiveEcom 10F Harbor Dr MOA Pasav City Metro Manila 1300</u>	39 Transportation <u>0.00</u>
14A ZIP Code <u>6 0 1 0</u>	40 Cost of Living Allowance (COLA) <u>0.00</u>
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	41 Fixed Housing Allowance

Part III - Employer Information (Previous)

16 TIN	42 Others (specify)
17 Employer's Name	42A
18 Registered Address	42B
18A ZIP Code	SUPPLEMENTARY

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <u>63,362.20</u>	43 Commission
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>17,809.60</u>	44 Profit Sharing
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <u>45,552.60</u>	45 Fees Including Director's Fees
22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u>	46 Taxable 13th Month Benefits <u>0.00</u>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>45,552.60</u>	47 Hazard Pay
24 Tax Due <u>0.00</u>	48 Overtime Pay <u>5,602.74</u>
25 Amount of Taxes Withheld	49 Others (specify)
25A Present Employer <u>0.00</u>	49A <u>Co. Incentives</u> <u>6,183.91</u>
25B Previous Employer, if applicable <u>0.00</u>	49B
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u>	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <u>45,552.60</u>

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
Present Employer/Authorized Agent Signature over Printed Name	_____
CONFORME:	Date Signed
52 <u>Oroyan, Melvie Cajés</u>	_____
Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee _____ Place of Issue _____	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.	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>Oroyan, Melvie Cajés</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)