



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) <u>2 0 2 2</u>	2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 4 0 2</u>
---	---

Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN <u>7 5 0 - 0 8 4 - 5 6 8 -</u>	5 RDO Code	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) Mahipos, Cyril Tabares		Amount	
6 Registered Address		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6B Local Home Address AGabuyaStLasVillasPoblacionPardoCebuCity		28 Holiday Pay (MWE)	
6D Foreign Address Cebu		29 Overtime Pay (MWE)	
7 Date of Birth (MM/DD/YYYY) <u>0 9 1 5 2 0 0 0</u>	8 Contact Number <u>9 2 1 2 1 8 5 2 7 8</u>	30 Night Shift Differential (MWE)	
9 Statutory Minimum Wage rate per day		31 Hazard Pay (MWE)	
10 Statutory Minimum Wage rate per month		32 13th Month Pay and Other Benefits (maximum of P90,000)	8,024.66
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		33 De Minimis Benefits	8,863.99
Part II - Employer Information (Present)		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	3,860.00
12 TIN <u>2 1 7 - 5 6 9 - 5 0 0 -</u>		35 Salaries and Other Forms of Compensation	0.00
13 Employer's Name TeleTech Customer Care Management Philippines, Inc		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	20,748.65
14 Registered Address FiveEcom 10F Harbor Dr MOA Pasav City Metro Manila 1300		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Basic Salary	30,209.66
Part III - Employer Information (Previous)		38 Representation	
16 TIN		39 Transportation	0.00
17 Employer's Name		40 Cost of Living Allowance (COLA)	0.00
18 Registered Address		41 Fixed Housing Allowance	
18A ZIP Code		42 Others (specify)	
Part IVA - Summary		42A	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	69,103.25	42B	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	20,748.65	SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	48,354.60	43 Commission	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	44 Profit Sharing	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	48,354.60	45 Fees Including Director's Fees	
24 Tax Due	0.00	46 Taxable 13th Month Benefits	0.00
25 Amount of Taxes Withheld		47 Hazard Pay	
25A Present Employer	0.00	48 Overtime Pay	6,769.44
25B Previous Employer, if applicable	0.00	49 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	49A Co. Incentives	11,375.50
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	48,354.60

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 Cagaoan, Anna Liza B. <i>[Signature]</i>	Date Signed
Present Employer/Authorized Agent Signature over Printed Name	
CONFORME:	
52 Mahipos, Cyril Tabares	Date Signed
Employee Signature over Printed Name	
CTC/Valid ID No. of Employee	Date Signed
Place of Issue	
Amount paid, if CTC	

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 Cagaoan, Anna Liza B. <i>[Signature]</i> 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 Mahipos, Cyril Tabares Employee Signature over Printed Name
---	--

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