



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

2316 01/18ENC5

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<p>1 For the Year (YYYY) <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/></p> <p>Part I - Employee Information</p> <p>3 TIN <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="4"/> - <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="5"/> -</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="CASTILLO, ERIKA BASUBAS"/> 5 RDO Code <input type="text" value="041"/></p> <p>6 Registered Address <input type="text" value="749 Apt.#3 M1 Quezon St., Cabancalan Mandaue"/> 6A ZIP Code <input type="text" value=""/></p> <p>6B Local Home Address <input type="text" value=""/> 6C ZIP Code <input type="text" value=""/></p> <p>6D Foreign Address <input type="text" value=""/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="9"/> 8 Contact Number <input type="text" value=""/></p> <p>9 Statutory Minimum Wage rate per day <input type="text" value=""/></p> <p>10 Statutory Minimum Wage rate per month <input type="text" value=""/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="8"/> - <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="3"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="Integrated Call Center Solutions (Philippines), Inc"/></p> <p>14 Registered Address <input type="text" value="183 EDSA corner Ortigas Ave., Wack Wack,"/> 14A ZIP Code <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> -</p> <p>17 Employer's Name <input type="text" value=""/></p> <p>18 Registered Address <input type="text" value=""/> 18A ZIP Code <input type="text" value=""/></p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <input type="text" value="10,220.69"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <input type="text" value="3,605.21"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <input type="text" value="6,615.48"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="6,345.48"/></p> <p>24 Tax Due <input type="text" value="0.00"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="0.00"/></p> <p>25B Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> To (MM/DD) <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount</p> <p>27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <input type="text" value="0.00"/></p> <p>28 Holiday Pay (MWE) <input type="text" value="0.00"/></p> <p>29 Overtime Pay (MWE) <input type="text" value="0.00"/></p> <p>30 Night Shift Differential (MWE) <input type="text" value="0.00"/></p> <p>31 Hazard Pay (MWE) <input type="text" value="0.00"/></p> <p>32 13th Month Pay and Other Benefits (maximum of P90,000) <input type="text" value="500.00"/></p> <p>33 De Minimis Benefits <input type="text" value="2,835.21"/></p> <p>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <input type="text" value="270.00"/></p> <p>35 Salaries and Other Forms of Compensation <input type="text" value="0.00"/></p> <p>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <input type="text" value="3,605.21"/></p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>37 Basic Salary <input type="text" value="0.00"/></p> <p>38 Representation <input type="text" value="0.00"/></p> <p>39 Transportation <input type="text" value="0.00"/></p> <p>40 Cost of Living Allowance (COLA) <input type="text" value="0.00"/></p> <p>41 Fixed Housing Allowance <input type="text" value="0.00"/></p> <p>42 Others (specify)</p> <p>42A <input type="text" value=""/> <input type="text" value="6,615.48"/></p> <p>42B <input type="text" value=""/> <input type="text" value="0.00"/></p> <p>SUPPLEMENTARY</p> <p>43 Commission <input type="text" value="0.00"/></p> <p>44 Profit Sharing <input type="text" value="0.00"/></p> <p>45 Fees Including Director's Fees <input type="text" value="0.00"/></p> <p>46 Taxable 13th Month Benefits <input type="text" value="0.00"/></p> <p>47 Hazard Pay <input type="text" value="0.00"/></p> <p>48 Overtime Pay <input type="text" value="0.00"/></p> <p>49 Others (specify)</p> <p>49A <input type="text" value=""/> <input type="text" value="0.00"/></p> <p>49B <input type="text" value=""/> <input type="text" value="0.00"/></p> <p>50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <input type="text" value="6,615.48"/></p>
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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 Ubias, Bency Clarck Johnson Date Signed
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

52 CASTILLO, ERIKA BASUBAS Date Signed
Employee Signature over Printed Name

CTC/Valid ID No. Place of
of Employee 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 Ubias, Bency Clarck Johnson
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 CASTILLO, ERIKA BASUBAS
Employee Signature over Printed Name

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