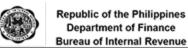
For BIR BCS/ Use Only Item:



2316

Certificate of Compensation Payment/Tax Withheld



January 2018 (ENCS) For Compensation Payment With or Without Tax Withheld Fill in all applicable spaces. Mark all appropriate boxes with an "X For the Year 2 For the Period 0 1 | 0 2 | 0 | 2 | 2 1 0 4 2 From (MM/DD) To (MM/DD) (YYYY) Part IV-B Details of Compensation Income & Tax Withheld from Present Employer Part I - Employee Information 3 TIN 7. 6 2 9 8 7 A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 5 RDO Code 27 Basic Salary (including the exempt P250,000 & below) 0.00 or the Statutory Minimum Wage of the MWE BATIRZAL, JENNY ROSE NECESARIO 0 4 3 0.00 28 Holiday Pay (MWE) 6A ZIP Code 6 Registered Address 0.00 29 Overtime Pay (MWE) 6B Local Home Address 6C ZIP Code 0.00 30 Night Shift Differential (MWE) 6D Foreign Address 0.00 31 Hazard Pay (MWE) 32 13th Month Pay and Other Benefits 1,742.79 7 Date of Birth (MM/DD/YYYY) (maximum of P90,000) 8 Contact Number 0 5 0 5 1 9 9 8 0.00 33 De Minimis Benefits 9 Statutory Minimum Wage rate per day 404.00 34 SSS, GSIS, PHIC & PAG-IBIG Contributions 2,687.50 and Union Dues (Employee share only) 10 Statutory Minimum Wage rate per month 3,735.00 35 Salaries and Other Forms of Compensation Minimum Wage Earner (MWE) whose compensation is exempt from 36 Total Non-Taxable/Exempt Compensation withholding tax and not subject to income tax 8.165.29 Part II - Employer Information (Present) Income (Sum of Items 27 to 35) 12 TIN 0 0 4 B. TAXABLE COMPENSATION INCOME REGULAR 6 3 9 -7 | 4 | 4 0 , 0 , 0 13 Employer's Name 37 Basic Salary 30,037.22 TELEPHILIPPINES INC 0.00 38 Representation 14A ZIP Code 14 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City 6 0 0 0 0 39 Transportation 0.00 15 Type of Employer X Main Employer Secondary Employer 0.00 40 Cost of Living Allowance (COLA) Part III - Employer Information (Previous) 16 TIN 41 Fixed Housing Allowance 0.00 17 Employer's Name 42 Others (specify) 0.00 42A 18 Registered Address I8A ZIP Code 0.00 42R SUPPLEMENTARY Part IVA - Summary 0.00 43 Commission 19 Gross Compensation Income from Present 39.872.96 Employer (Sum of Items 36 and 50) 0.00 44 Profit Sharing 20 Less: Total Non-Taxable/Exempt Compensation 8,165.29 Income from Present Employer (From Item 36) 0.00 45 Fees Including Director's Fees Taxable Compensation Income from Present 31.707.67 Employer (Item 19 Less Item 20) (From Item 50) 0.00 46 Taxable 13th Month Benefits 22 Add: Taxable Compensation Income from 0.00 Previous Employer, if applicable 0.00 47 Hazard Pay 23 Gross Taxable Compensation Income 31 707 67 (Sum of Items 21 and 22) 1,670.45 48 Overtime Pay 0.00 24 Tax Due 49 Others (specify) 25 Amount of Taxes Withheld 0.00 49A 0.00 25A Present Employer 25B Previous Employer, if applicable 0.00 49B 0.00 26 Total Amount of Taxes Withheld as adjusted 50 Total Taxable Compensation Income 31 707 67 0.00 (Sum of Items 25A and 25B) (Sum of Items 37 to 49B) 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 Priy/a/cy Act of 2012 (R.A. No. 10172) for legitimate and lawful purposes. ATMERINE M. BRAGON Date Signed | 0 1 | 3 1 | 2 0 2 3 Present Employer/Authorized Agent Xignature over Printed Name CONFORME: JENNY ROSE NECESARIO BATIRZAL Date Signed 52 Employee Signature over Printed Name Amount paid, if CTC CTC/Valid ID No. Place of Date Signed of Employee To be accomplished under substituted filing 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. 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 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative) Employee Signature over Printed Name