



Certificate of Compensation Payment/Tax Withheld



BIR Form No.
2316

January 2018 (ENCS)

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) **2 0 2 2**

3 TIN **3 4 5 - 5 9 4 - 5 6 2 - 0 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **Alvarez, Mary Uriel Caburog**

5 RDO Code **0 8 1**

6 Registered Address **Blk 19 Lot 24, Paseo Toby Ronald, Candum, Mandaue, Cebu**

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 3 2 9 2 0 0 0**

8 Contact Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **0 0 6 - 6 4 8 - 3 4 0 - 0 0 0 0 0**

13 Employer's Name **EPERFORMAX CONTACT CENTERS (CEBU) CORP**

14 Registered Address **JY SQUARE IT CENTERS 1 & 3 LAHUG CEBU CITY**

14A ZIP Code **6 0 0 0**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **48,943.04**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **13,094.16**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **35,848.88**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **35,848.88**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer, if applicable **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **0 4 1 6**

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

	Amount
27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	7,814.96
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	4,716.02
35 Salaries and Other Forms of Compensation	563.18
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	13,094.16

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	33,466.62
38 Representation	0.00
39 Transportation	0.00
40 Cost of Living Allowance (COLA)	0.00
41 Fixed Housing Allowance	0.00
42 Others (specify)	
42A NIGHT DIFF & PREMIUMS	2,382.26
42B	0.00

SUPPLEMENTARY

43 Commission	0.00
44 Profit Sharing	0.00
45 Fees Including Director's Fees	0.00
46 Taxable 13th Month Benefits	0.00
47 Hazard Pay	0.00
48 Overtime Pay	0.00
49 Others (specify)	
49A	0.00
49B	0.00
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	35,848.88

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 *Mary Uriel Caburog*
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

52 Alvarez, Mary Uriel Caburog
Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of Issue _____

Date Signed _____

Date Signed _____

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 _____
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 _____
Employee Signature over Printed Name