



BIR Form No.
2316
January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**



2316 01/18 ENCS

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

<p>1 For the Year (YYYY) 2 0 2 2</p> <p>Part I - Employee Information</p> <p>3 TIN 3 1 6 5 0 2 5 3 3 0 0 0</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) ADLAON ANN CARMEL GANZON</p> <p>5 RDO Code 0 8 1</p> <p>6 Registered Address ML QUEZON ST., NMAGUIKAY MANDAUE</p> <p>6A ZIP Code 6 0 1 4</p> <p>6B Local Home Address</p> <p>6C ZIP Code 0</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY) 0 9 1 3 1 9 9 5</p> <p>8 Contact Number</p> <p>9 Statutory Minimum Wage rate per 0.00</p> <p>10 Statutory Minimum Wage rate per 0.00</p> <p>11 <input type="checkbox"/> Minimum Wage Earner whose compensation is withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN 2 4 5 6 7 3 6 0 5 0 0 2</p> <p>13 Employer's Name Synchrony Global Services Phils Inc</p> <p>14 Registered Address 15F-18F AYALA CENTER CEBU TOWER BOHOL STREET, CEBU BUSINESS PARK, CEBU CITY</p> <p>14A ZIP Code 6 0 0 0</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</p> <p>17 Employer's Name</p> <p>18 Registered Address</p> <p>18A ZIP Code</p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Employer (Sum of Items 36 and 50) 27,639.61</p> <p>20 Less: Total Non-Taxable/ Exempt Income from Present Employer (From Item 27) 27,639.61</p> <p>21 Taxable Compensation Income from Employer (Item 19 Less Item 20) (From Item 21) 0.00</p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00</p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00</p> <p>24 Tax Due 0.00</p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer 0.00</p> <p>25B Previous Employer, if applicable 0.00</p> <p>26 Total Amount of Taxes Withheld as (Sum of Items 25A and 25B) 0.00</p>	<p>2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 1 1 5</p> <p>Part IV-B Details of Compensation Income and Tax Withheld from Present</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr> <td>27 Basic Salary (including the exempt P250,000 & below or the statutory minimum wage of the MWE)</td> <td style="text-align: right;">24,864.61</td> </tr> <tr> <td>28 Holiday Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>29 Overtime Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>30 Night Shift Allowance (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>31 Hazard Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>33 De Minimis Benefits</td> <td style="text-align: right;">1,250.00</td> </tr> <tr> <td>34 SSS, GSIS, PHIC & Pag-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">1,525.00</td> </tr> <tr> <td>35 Salaries & Other Forms of Compensation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td> <td style="text-align: right;">27,639.61</td> </tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>37 Basic Salary</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>38 Representation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>39 Transportation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>40 Cost of Living Allowance (COLA)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>41 Fixed Housing Allowance</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>42 Others (specify)</td> <td></td> </tr> <tr> <td>42A</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>42B</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <p>SUPPLEMENTARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>43 Commission</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>44 Profit Sharing</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>45 Fees Including Director's Fees</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>46 Taxable 13th Month Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>47 Hazard Pay</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>48 Overtime Pay</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>49 Others (Specify)</td> <td></td> </tr> <tr> <td>49A</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>49B</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>50 Total Taxable Compensation Income (Sum of Items 37 to 49B)</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	Amount	Amount	27 Basic Salary (including the exempt P250,000 & below or the statutory minimum wage of the MWE)	24,864.61	28 Holiday Pay (MWE)	0.00	29 Overtime Pay (MWE)	0.00	30 Night Shift Allowance (MWE)	0.00	31 Hazard Pay (MWE)	0.00	32 13th Month Pay and Other Benefits (maximum of P90,000)	0.00	33 De Minimis Benefits	1,250.00	34 SSS, GSIS, PHIC & Pag-IBIG Contributions and Union Dues (Employee share only)	1,525.00	35 Salaries & Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	27,639.61	37 Basic Salary	0.00	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	0.00	42B	0.00	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)	0.00
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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 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 as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 LIPARDO MAYVEEN LUMAQUE Present Employer/ Authorized Agent Signature Over Printed</p> <p>CONFORME: 52 ADLAON ANN CARMEL GANZON Employee Signature Over Printed Name</p> <p>CTC Valid ID No: _____ Place of Issue _____</p>	<p>Date Signed 0 2 2 8 2 0 2 2</p> <p>Date Signed 0 2 2 8 2 0 2 2</p> <p>Date of Issue _____ Amount Paid, If CTC _____</p>
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To be accomplished under substituted filing

<p>I declare, under the penalties of perjury that the information reported under BIR Form No. 1604-C which has been filed with Internal Revenue.</p> <p>53 _____ Present Employer/ Authorized Agent Signature Over Printed (Head of Accounting/ Human Resource or Authorized</p>	<p>I declare, under the penalties of perjury that I am qualified under substituted filing of Income (BIR Form No. 1700), since I received purely compensation income from only one employer in the for the calendar year; that taxes have been correctly withheld by my employer (tax due the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant of Revenue Regulations (RR) No. 3-2002, as amended.</p> <p>54 ADLAON ANN CARMEL GANZON Employee Signature Over Printed Name</p>
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