



BIR Form No.

2316

January 2018 (ENC5)

**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) 2 0 2 2</p> <p>Part I - Employee Information</p> <p>3 TIN 3 2 3 - 7 7 5 - 4 1 9 - 0 0 0 0 0</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) Necesario, James Blymyr, Malana</p> <p>5 RDO Code</p> <p>6 Registered Address</p> <p>6A ZIP Code</p> <p>6B Local Home Address</p> <p>6C ZIP Code</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY) 0 7 2 2 1 9 9 4</p> <p>8 Contact Number</p> <p>9 Statutory Minimum Wage rate per day</p> <p>10 Statutory Minimum Wage rate per month</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 2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0 0</p> <p>13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.</p> <p>14 Registered Address GF 14th to 25th Flr 6798 Ayal</p> <p>14A ZIP Code 1 2 2 6</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 Present Employer (Sum of Items 36 and 50) 37,033.66</p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 22,658.10</p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 14,375.57</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) 14,375.57</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 adjusted (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 2 2 5</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)</p> <p>28 Holiday Pay (MWE)</p> <p>29 Overtime Pay (MWE)</p> <p>30 Night Shift Differential (MWE)</p> <p>31 Hazard Pay (MWE)</p> <p>32 13th Month Pay and Other Benefits (maximum of P90,000) 17,952.00</p> <p>33 De Minimis Benefits 1,931.03</p> <p>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 2,775.06</p> <p>35 Salaries and Other Forms of Compensation 0.00</p> <p>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 22,658.10</p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>37 Basic Salary 9,547.98</p> <p>38 Representation</p> <p>39 Transportation</p> <p>40 Cost of Living Allowance (COLA)</p> <p>41 Fixed Housing Allowance</p> <p>42 Others (specify)</p> <p>42A</p> <p>42B</p> <p>SUPPLEMENTARY</p> <p>43 Commission</p> <p>44 Profit Sharing</p> <p>45 Fees Including Director's Fees</p> <p>46 Taxable 13th Month Benefits 0.00</p> <p>47 Hazard Pay</p> <p>48 Overtime Pay</p> <p>49 Others (specify)</p> <p>49A OTHER TAXABLE INCOME 4,827.59</p> <p>49B</p> <p>50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 14,375.57</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 EDENREY RAMOS *Edenrey Ramos*
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

52 _____
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee _____ Place of Issue _____

Date Issued _____ 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

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