



BIR Form No. <b>2316</b> January 2018 (ENC5)	<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld	2316 01/18ENC5
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<b>1</b> For the Year (YYYY) <b>2 0 2 2</b>	<b>2</b> For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>0 3 1 8</b>
<b>Part I - Employee Information</b>	
<b>3</b> TIN <input type="text"/>	
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>Sanico, Sheilla Mae, Abonacion</b>	
<b>5</b> RDO Code <input type="text"/>	
<b>6</b> Registered Address <input type="text"/>	
<b>6A</b> ZIP Code <input type="text"/>	
<b>6B</b> Local Home Address <input type="text"/>	
<b>6C</b> ZIP Code <input type="text"/>	
<b>6D</b> Foreign Address <input type="text"/>	
<b>7</b> Date of Birth (MM/DD/YYYY) <b>0 3 2 4 1 9 9 8</b>	
<b>8</b> Contact Number <input type="text"/>	
<b>9</b> Statutory Minimum Wage rate per day <input type="text"/>	
<b>10</b> Statutory Minimum Wage rate per month <input type="text"/>	
<b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	
<b>Part II - Employer Information (Present)</b>	
<b>12</b> TIN <b>2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0 0</b>	
<b>13</b> Employer's Name <b>CONCENTRIX CVG PHILIPPINES, INC.</b>	
<b>14</b> Registered Address <b>GF 14th to 25th Flr 6798 Ayal</b>	
<b>14A</b> ZIP Code <b>1 2 2 6</b>	
<b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
<b>Part III - Employer Information (Previous)</b>	
<b>16</b> TIN <input type="text"/>	
<b>17</b> Employer's Name <input type="text"/>	
<b>18</b> Registered Address <input type="text"/>	
<b>18A</b> ZIP Code <input type="text"/>	
<b>Part IVA - Summary</b>	
<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	<b>41,694.56</b>
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	<b>23,120.79</b>
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	<b>18,573.78</b>
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>18,573.78</b>
<b>24</b> Tax Due	<b>0.00</b>
<b>25</b> Amount of Taxes Withheld	<b>0.00</b>
<b>25A</b> Present Employer	<b>0.00</b>
<b>25B</b> Previous Employer, if applicable	<b>0.00</b>
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>
<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
<b>27</b> Basic Salary (including the exempt P250,000 below or the Statutory Minimum Wage of the MWE)	<input type="text"/>
<b>28</b> Holiday Pay (MWE)	<input type="text"/>
<b>29</b> Overtime Pay (MWE)	<input type="text"/>
<b>30</b> Night Shift Differential (MWE)	<input type="text"/>
<b>31</b> Hazard Pay (MWE)	<input type="text"/>
<b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000)	<b>13,936.78</b>
<b>33</b> De Minimis Benefits	<b>6,068.97</b>
<b>34</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>3,115.04</b>
<b>35</b> Salaries and Other Forms of Compensation	<b>0.00</b>
<b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	<b>23,120.79</b>
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
<b>37</b> Basic Salary	<b>10,727.34</b>
<b>38</b> Representation	<input type="text"/>
<b>39</b> Transportation	<input type="text"/>
<b>40</b> Cost of Living Allowance (COLA)	<input type="text"/>
<b>41</b> Fixed Housing Allowance	<input type="text"/>
<b>42</b> Others (specify)	<input type="text"/>
<b>42A</b>	<input type="text"/>
<b>42B</b>	<input type="text"/>
<b>SUPPLEMENTARY</b>	
<b>43</b> Commission	<input type="text"/>
<b>44</b> Profit Sharing	<input type="text"/>
<b>45</b> Fees Including Director's Fees	<input type="text"/>
<b>46</b> Taxable 13th Month Benefits	<b>0.00</b>
<b>47</b> Hazard Pay	<input type="text"/>
<b>48</b> Overtime Pay	<input type="text"/>
<b>49</b> Others (specify)	<input type="text"/>
<b>49A</b> <b>OTHER TAXABLE INCOME</b>	<b>7,846.43</b>
<b>49B</b>	<input type="text"/>
<b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B)	<b>18,573.78</b>

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.

<b>51</b> <u>EDENREY RAMOS</u> <i>Edenrey Ramos</i> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <input type="text"/>
<b>CONFORME:</b>	
<b>52</b> _____ Employee Signature over Printed Name	Date Signed <input type="text"/>
CTC/Valid ID No. of Employee <input type="text"/> Place of Issue <input type="text"/>	Date Issued <input type="text"/> Amount paid, if CTC <input type="text"/>

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.	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.
<b>53</b> _____ Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	<b>54</b> _____ Employee Signature over Printed Name

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