



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".

1 For the Year (YYYY) **2 0 2 2** 2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **0 3 2 9**

Part I - Employee Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN **7 3 7 - 2 3 2 - 6 6 1 - 0 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **Coming, Rhea Marie, Calapre** 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 4 0 3 1 9 8 2** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount

27 Basic Salary (including the exempt P250,000 below or the Statutory Minimum Wage of the MWE)

28 Holiday Pay (MWE)

29 Overtime Pay (MWE)

30 Night Shift Differential (MWE)

31 Hazard Pay (MWE)

32 13th Month Pay and Other Benefits (maximum of P90,000) **9,977.39**

33 De Minimis Benefits **4,045.98**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **3,136.21**

35 Salaries and Other Forms of Compensation **0.00**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **17,159.58**

Part II - Employer Information (Present) **B. TAXABLE COMPENSATION INCOME REGULAR**

12 TIN **2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0 0**

13 Employer's Name **CONCENTRIX CVG PHILIPPINES, INC.**

14 Registered Address **GF 14th to 25th Flr 6798 Ayal** 14A ZIP Code **1 2 2 6**

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)	50,994.73	43 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	17,159.58	44 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	33,835.16	45 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	46 Taxable 13th Month Benefits	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	33,835.16	47 Hazard Pay	
24 Tax Due	0.00	48 Overtime Pay	
25 Amount of Taxes Withheld	0.00	49 Others (specify)	
25A Present Employer	0.00	49A OTHER TAXABLE INCOME	5,172.41
25B Previous Employer, if applicable	0.00	49B	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	33,835.16

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. _____ Place of Issue _____ Date Issued _____ Amount paid, if CTC _____

To be accomplished under substituted filing

53 _____
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

54 _____
Employee Signature over Printed Name

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