



BIR Form No. **2316**
January 2018 (ENC5)
Certificate of Compensation Payment/Tax Withheld
For Compensation Payment With or Without Tax Withheld

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

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

Part I - Employee Information

3 TIN **3 8 8 - 9 9 5 - 6 1 6 - 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **Cabañero, Cristal Faye, Cañada** 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 2 0 5 2 0 0 0** 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

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)

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) **2,555.76**

33 De Minimis Benefits **4,729.89**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **3,330.06**

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

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **10,615.70**

Part II - Employer Information (Present)

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

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

14 Registered Address 14A ZIP Code **1 2 2 6**

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary **29,793.39**

38 Representation

39 Transportation

40 Cost of Living Allowance (COLA)

41 Fixed Housing Allowance

42 Others (specify)

42A

42B

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code **GF 14th to 25th Flr 6798 Ayal**

SUPPLEMENTARY

43 Commission

44 Profit Sharing

45 Fees Including Director's Fees

46 Taxable 13th Month Benefits **0.00**

47 Hazard Pay

48 Overtime Pay

49 Others (specify)

49A **OTHER TAXABLE INCOME** **10,574.71**

49B

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **40,368.10**

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **50,983.80**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **10,615.70**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **40,368.10**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **40,368.10**

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**

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** Present Employer/Authorized Agent Signature over Printed Name Date Signed

CONFORME: 52 **Cabañero, Cristal Faye Cañada** 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 **EDENREY RAMOS** 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 **Cabañero, Cristal Faye Cañada** Employee Signature over Printed Name

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