

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316
(January 2018) (ENCS)

Certificate of Compensation Payment/Tax Withheld



2316 01/BE/NC5

Fill in all applicable boxes. 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) **1 1 2 0**

Part I - Employee Information

3 TIN **3 6 4 - 0 6 4 - 5 0 8 - 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **Cajigal, Nina faye, salise** 5 PDO 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 1 1 6 1 9 9 9** 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 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

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

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

Part IV-A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 27 and 50)	324,142.56
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	128,408.37
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 30)	195,734.19
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	195,734.19
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

Amount	Amount
27 Basic Salary (Including the exempt P250.00/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)	90,000.00
33 De Minimis Benefits	22,160.92
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	16,247.45
35 Salaries and Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	128,408.37

Part IV-C Details of Compensation Income & Tax Withheld from Previous Employer

Amount	Amount
37 Basic Salary	138,357.39
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (specify)	
42A	
42B	

SUPPLEMENTARY

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Benefits	7,031.97
47 Hazard Pay	
48 Overtime Pay	
49 Others (specify)	
49A OTHER TAXABLE INCOME	50,344.83
49B	
50 Total Taxable Compensation Income (Sum of Items 46 to 49B)	195,734.19

I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by means, 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** *[Signature]* Date Signed _____
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

52 **Cajigal Nina faye salise** Date Signed _____
Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of _____ Date Issued _____
of Employee Issue 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** *[Signature]*
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 jointly compensation income from only one employer in the Philippines for the calendar year. I had never been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C, filed by my employer to the Bureau of Internal Revenue, is my income tax return, and that BIR Form No. 2316 shall serve the same purpose as Form No. 1700, as provided in the provisions of the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 **Cajigal Nina faye salise**
Employee Signature over Printed Name

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