



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



2316 01/18/ENC5

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 4 0 1**

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

3 TIN **2 0 2 3 - - - - -** 5 RDO Code **0 1 0 1**

4 Employee's Name (Last Name, First Name, Middle Name) **Cavalida, Kristelle Kaye, Baltunado** 6 Registered Address **GF 14th to 25th Flr 6798 Ayal**

6A ZIP Code **1 2 2 6** 27 Basic Salary (including the exempt P 250,000 below or the Statutory Minimum Wage of the MWE) **48,852.85**

6B Local Home Address **GF 14th to 25th Flr 6798 Ayal** 28 Holiday Pay (MWE) **0.00**

6C ZIP Code **1 2 2 6** 29 Overtime Pay (MWE) **0.00**

6D Foreign Address **GF 14th to 25th Flr 6798 Ayal** 30 Night Shift Differential (MWE) **0.00**

7 Date of Birth (MM/DD/YYYY) **1 1 0 4 1 9 9 9** 8 Contact Number **9 2 1 0 0 0 0** 31 Hazard Pay (MWE) **0.00**

9 Statutory Minimum Wage rate per day **0.00** 32 13th Month Pay and Other Benefits (maximum of P90,000) **15,058.71**

10 Statutory Minimum Wage rate per month **0.00** 33 De Minimis Benefits **7,246.55**

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax 34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **4,963.10**

Part II - Employer Information (Present) **Part III - Employer Information (Previous)**

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

15 Type of Employer Main Employer Secondary Employer

16 TIN **2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0** 17 Employer's Name **CONCENTRIX CVG PHILIPPINES, INC.**

18 Registered Address **GF 14th to 25th Flr 6798 Ayal** 18A ZIP Code **1 2 2 6**

Part IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **93,362.59**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **27,268.36**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **66,094.23**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **66,094.23**

24 Tax Due **0.00**

25 Amount of Taxes Withheld **0.00**

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**

27 Basic Salary (including the exempt P 250,000 below or the Statutory Minimum Wage of the MWE) **48,852.85**

28 Holiday Pay (MWE) **0.00**

29 Overtime Pay (MWE) **0.00**

30 Night Shift Differential (MWE) **0.00**

31 Hazard Pay (MWE) **0.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **15,058.71**

33 De Minimis Benefits **7,246.55**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **4,963.10**

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

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **27,268.36**

37 Basic Salary **48,852.85**

38 Representation **0.00**

39 Transportation **0.00**

40 Cost of Living Allowance (COLA) **0.00**

41 Fixed Housing Allowance **0.00**

42 Others (specify) **0.00**

42A **0.00**

42B **0.00**

SUPPLEMENTARY

43 Commission **0.00**

44 Profit Sharing **0.00**

45 Fees Including Director's Fees **0.00**

46 Taxable 13th Month Benefits **0.00**

47 Hazard Pay **0.00**

48 Overtime Pay **0.00**

49 Others (specify) **0.00**

49A **OTHER TAXABLE INCOME** **17,241.38**

49B **0.00**

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **66,094.23**

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 **0 4 2 1 2 0 2 3**

CONFORME: 52 **Cavalida Kristelle Kaye Baltunado** Employee Signature over Printed Name Date Signed **0 4 2 1 2 0 2 3**

CTC/Valid ID No. of Employee **0 4 2 1 2 0 2 3** Place of Issue **0 4 2 1 2 0 2 3** Amount paid, if CTC **0.00**

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 equal 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 **Cavalida Kristelle Kaye Baltunado** Employee Signature over Printed Name

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