



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 3</b>	<b>2</b> For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>0 2 1 0</b>
<b>Part I - Employee Information</b>	
<b>3</b> TIN <b>5 1 5 - 5 3 9 - 0 9 0 - 0 0 0 0</b>	<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>Vergara, Lyza, Bagares</b>	<b>5</b> RDO Code
<b>6</b> Registered Address	<b>6A</b> ZIP Code
<b>6B</b> Local Home Address	<b>6C</b> ZIP Code
<b>6D</b> Foreign Address	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>
<b>7</b> Date of Birth (MM/DD/YYYY) <b>0 7 0 1 2 0 0 3</b>	<b>8</b> Contact Number
<b>9</b> Statutory Minimum Wage rate per day	<b>27</b> Basic Salary (including the exempt P250,000 below or the Statutory Minimum Wage of the MWE)
<b>10</b> Statutory Minimum Wage rate per month	<b>28</b> Holiday Pay (MWE)
<b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	<b>29</b> Overtime Pay (MWE)
<b>Part II - Employer Information (Present)</b>	
<b>12</b> TIN <b>2 2 7 - 2 9 4 - 4 1 5 - 0 0 0 0</b>	<b>30</b> Night Shift Differential (MWE)
<b>13</b> Employer's Name <b>CONCENTRIX DAKSH SERVICES PHILIPPINES CORPORATION</b>	<b>31</b> Hazard Pay (MWE)
<b>14</b> Registered Address	<b>14A</b> ZIP Code <b>1 1 0 1</b>
<b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	<b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>8,094.23</b>
<b>Part III - Employer Information (Previous)</b>	
<b>16</b> TIN	<b>33</b> De Minimis Benefits <b>5,510.48</b>
<b>17</b> Employer's Name	<b>34</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>2,475.06</b>
<b>18</b> Registered Address <b>Ground to 4th Floors Building</b>	<b>18A</b> ZIP Code
<b>Part IVA - Summary</b>	
<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>41,039.34</b>	<b>35</b> Salaries and Other Forms of Compensation <b>0.00</b>
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>16,079.77</b>	<b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>16,079.77</b>
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>24,959.56</b>	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>	<b>37</b> Basic Salary <b>21,166.46</b>
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>24,959.56</b>	<b>38</b> Representation
<b>24</b> Tax Due <b>0.00</b>	<b>39</b> Transportation
<b>25</b> Amount of Taxes Withheld <b>0.00</b>	<b>40</b> Cost of Living Allowance (COLA)
<b>25A</b> Present Employer	<b>41</b> Fixed Housing Allowance
<b>25B</b> Previous Employer, if applicable <b>0.00</b>	<b>42</b> Others (specify)
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>	<b>42A</b>
<b>SUPPLEMENTARY</b>	
<b>43</b> Commission	
<b>44</b> Profit Sharing	
<b>45</b> Fees Including Director's Fees	
<b>46</b> Taxable 13th Month Benefits <b>0.00</b>	
<b>47</b> Hazard Pay	
<b>48</b> Overtime Pay	
<b>49</b> Others (specify)	
<b>49A</b> <b>OTHER TAXABLE INCOME</b> <b>3,793.10</b>	
<b>49B</b>	
<b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <b>24,959.56</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> Present Employer/Authorized Agent Signature over Printed Name	Date Signed
<b>CONFORME:</b>	
<b>52</b> <u>Vergara Lyza Bagares</u> 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.	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> <u>EDENREY RAMOS</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	<b>54</b> <u>Vergara Lyza Bagares</u> Employee Signature over Printed Name

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