

101127460_Langbid_31996683...

BR Form No. 2316 (RMC)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld			
1/1		For the Period From JANUARY 0 4 2 2 To JANUARY 0 7 2 6		2016 BULLETS	
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN 3 1 9 9 6 6 8 3 5 0 0 0 0			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
4 Employer's Name (Last Name, First Name, Middle Name) Langbid, Siegfred, Navecis			29 Basic Salary (Including the average P250.00 below or the Statutory Minimum Wage of the MWE)		
5 RDO Code 0 0 0			30 Holiday Pay (MWE)		
6 Registered Address Katugasan Perrelos Carcar City Cebu			31 Overtime Pay (MWE)		
6A ZIP Code 6 0 1 9			32 Night Shift Differential (MWE)		
6B Local Home Address			33 Hazard Pay (MWE)		
6C ZIP Code			34 13th Month Pay and Other Benefits (Maximum of P90,000) 3,820.50		
6D Foreign Address			35 De Minimis Benefits 5,057.47		
7 Date of Birth (mm/dd/yyyy) 0 8 2 9 1 9 9 3			36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 4,957.62		
8 Contact Number			37 Salaries and Other Forms of Compensation 0.00		
9 Statutory Minimum Wage rate per day			38 Total Non-Taxable/Exempt Compensation (MWE) (Sum of Items 29 to 37) 13,835.59		
10 Statutory Minimum Wage rate per month			B. TAXABLE COMPENSATION INCOME REGULAR		
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			39 Basic Salary 46,520.66		
Part II - Employer Information (Present)			40 Representation		
12 TIN 2 0 5 3 6 6 9 2 1 0 0 0 0			41 Transportation		
13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.			42 Cost of Living Allowance (COLA)		
14 Registered Address GF 14th to 25th Flr 6798 Ayal			43 Fixed Housing Allowance		
14A ZIP Code 1 2 2 6			44 Other (specify)		
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			44A		
Part III - Employer Information (Previous)			44B		
16 TIN			SUPPLEMENTARY		
17 Employer's Name			45 Commission		
18 Registered Address GF 14th to 25th Flr 6798 Ayal			46 Profit Sharing		
18A ZIP Code			47 Fees including Director's Fees		
Part IIIA - Summary			48 Taxable 13th Month Benefits 0.00		
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 40) 69,206.82			49 Hazard Pay		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum Item 38) 13,835.59			50 Overtime Pay		
21 Taxable Compensation Income from Present Employer (Sum of Items 39 and 40) 55,371.23			51 Other (specify)		
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00			51A OTHER TAXABLE INCOME 8,850.57		
23 Gross Taxable Compensation Income 55,371.23			51B		
24 Tax Due 0.00			52 Total Taxable Compensation Income (Sum of Items 51A and 51B) 55,371.23		
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		
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00			27 5% Tax Credit (OPEA Act of 2008)		
27 5% Tax Credit (OPEA Act of 2008)			28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00		
28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00			I declare, under the penalties of perjury that this certificate has been made in good faith, verified by me, and to the best of my own 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 am fully conversant with the processing of my tax information as contemplated under the Tax Privacy Act of 2011 (R.A. No. 10173) for legitimate and lawful purposes.		
53 EDENREY RAMOS <i>[Signature]</i> Present Employer/Authorized Agent Signature over Printed Name			Date Signed		
CONFORME:			Date Signed		
54 Langbid Siegfred Navecis Employee Signature over Printed Name			Date Signed		
CTC/Valid ID No. of Employee			Date Issued		
Place of Issue			Amount paid, if CTC		
I declare, under the penalties of perjury that the information herein stated are reported under BR Form No. 1034-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 and have the 13th month received purely compensation income from my employer in the Philippines for the calendar year. And taxes have been correctly withheld by my employer (I am the recipient) and that I have filed my 13th month return with the BIR and have received the 13th month return from the BIR. I have also been duly provided the proceeds of financial regulations (R.A. No. 10173), as amended.		
55 EDENREY RAMOS <i>[Signature]</i> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resources or Authorized Representative)			54 Langbid Siegfred Navecis Employee Signature over Printed Name		

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