



BIR Form No. 2316 January 2018 (ENCL)		Certificate of Compensation Payment/Tax Withheld	
1 For the Year (YYYY) 2024		2 For the Period From JASO 01 01 To JASO 05 15	
3 Taxpayer Information			
4 Employer's Name (Last Name, First Name, Middle Name) OMANA, CHARLON BEMER N		5 ROR Code	
6 Registered Address		7A ZIP Code	
8 Local Mailing Address		8B ZIP Code	
9 Foreign Address		10 Contact Number	
11 Date of Birth (MM/DD/YYYY)		12 Tax Identification Number	
13 Statutory Minimum Wage rate per day		14 Statutory Minimum Wage rate per month	
15 Minimum Wage Exemption (MWE) whose compensation is exempt from withholding tax and not subject to income tax		16	
Part II - Employer Information (Present)			
17 Employer's Name Firstsource Solutions Limited		18 ROR Code	
19 Registered Address		20 ZIP Code	
21 Type of Employee: <input checked="" type="checkbox"/> Main Employee <input type="checkbox"/> Secondary Employee		22	
Part III - Employee Information (Present)			
23 Employer's Name		24 ROR Code	
25 Registered Address		26 ZIP Code	
Part IV - Summary			
27 Gross Compensation Income from Present Employer (Sum of Items 28 and 29)	113,012.00		
28 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of Items 30-33)	113,012.00		
29 Taxable Compensation Income from Present Employer (Sum of Items 34 and 35)	-		
30 Add: Taxable Compensation Income from Previous Employer, if applicable	-		
31 Gross Taxable Compensation Income (Sum of Items 29 and 30)	-		
32 Tax Due	-		
33 Amount of Taxes Withheld	-		
34A Present Employer, if applicable	-		
34B Previous Employer, if applicable	-		
35 Total Amount of Taxes Withheld as deducted (Sum of Items 34A and 34B)	-		
Part V - Taxable Compensation Income Regular			
36 Basic Salary	-		
37 Representation	-		
38 Transportation	-		
39 Cost of Living Allowance (COLA)	-		
40 Fixed Housing Allowance	-		
41 Other (specify):	-		
42A OTHER INCOME	-		
42B	-		
SUPPLEMENTARY			
43 Commission	-		
44 Profit Sharing	-		
45 Fees Including Director's Fees	-		
46 Taxable 13th Month Benefits	-		
47 Hazard Pay	-		
48 Overtime Pay	-		
49 Other (specify):	-		
49A SL CONVERSION	-		
49B	-		
50 Total Taxable Compensation Income (Sum of Items 36 to 49B)	-		
<p>51 Present Employer/Authorized Agent Signature and Printed Name: JOYCE YS CASENAS</p> <p>52 Employee Signature and Printed Name: OMANA, CHARLON BEMER N</p> <p>53 Present Employer/Authorized Agent Signature and Printed Name: JOYCE YS CASENAS</p>			
<p>54 OMANA, CHARLON BEMER N</p>			

