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For BR 8CV
Use Only Form



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Certificate of Compensation Payment/Tax Withheld



BR Form No. 2316	Certificate of Compensation Payment/Tax Withheld	2316 9/21/2015
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 5	2 For the Period (From-To) 0 1 0 1 To 0 1 0 5
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Part I - Employee Information		Part IVA - Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 0 0 0 - 0 0 0 0 - 0 0 0 0 - 0 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employer's Name (Just Name, Not Name, Middle Name) Sambildal, Alaisa Faith, Arnaiz		29 Basic Salary (Including the exempt P750.00 below) or the Statutory Minimum Wage of the MWE	
5 RDO Code 0 0 0		30 Holiday Pay (MWE)	
6 Registered Address Zone 7 Mantuyong		31 Overtime Pay (MWE)	
7A ZIP Code 6 0 1 4		32 Night Shift Differential (MWE)	
8 Local Home Address		33 Hazard Pay (MWE)	
9 Foreign Address		34 13th Month Pay and Other Benefits (Maximum of P60,000) 0.00	
10 Date of Birth (YYYYMMDD) 0 7 1 7 2 0 0 3		35 De Minimis Benefits 4,410.25	
11 Contact Number		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 1,159.32	
12 Statutory Minimum Wage rate per day		37 Salaries and Other Forms of Compensation 0.00	
13 Statutory Minimum Wage rate per month		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 5,569.57	
14 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Part B - Employer Information (Present)		39 Basic Salary 7,681.02	
16 TIN 2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0		40 Representation	
17 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.		41 Transportation	
18 Registered Address GF 14th to 25th Flr 6798 Ayal		42 Cost of Living Allowance (COLA)	
19A ZIP Code 1 2 2 6		43 Fixed Housing Allowance	
20 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		44 Others (Specify)	
21 Part III - Employer Information (Previous)		45A	
22 TIN		45B	
23 Employer's Name		SUPPLEMENTARY	
24 Registered Address		46 Commission	
25A ZIP Code		47 Profit Sharing	
25B GF 14th to 25th Flr 6798 Ayal		48 Fees Including Director's Fees	
26 Part IVA - Summary		49 Taxable 13th Month Benefits 0.00	
27 Gross Compensation Income from Present Employer (Sum of Items 39 and 40) 14,859.79		50 Hazard Pay	
28 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Item 38) 5,569.57		51 Overtime Pay	
29 Taxable Compensation Income from Present Employer (Item 27 less Item 28) 9,290.22		52 Other (Specify)	
30 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		OTHER TAXABLE INCOME 1,609.20	
31 Gross Taxable Compensation Income (Sum of Items 29 and 30) 9,290.22		53A	
32 Tax Due 0.00		53B	
33 Amount of Taxes Withheld 0.00		54 Total Taxable Compensation Income (Sum of Items 29 to 33) 9,290.22	
34 25A Present Employer 0.00			
35 25B Previous Employer, if applicable 0.00			
36 Total Amount of Taxes Withheld as adjusted (Sum of Items 34 and 35) 0.00			
37 5% Tax Credit (PERA Act of 2008) 0.00			
38 Total Taxes Withheld (Sum of Items 36 and 37) 0.00			

19 Gross Compensation Income from Present Employer (Sum of Items 39 and 40) **14,859.79**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Item 38) **5,569.57**

21 Taxable Compensation Income from Present Employer (Item 27 less Item 28) **9,290.22**

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

23 Gross Taxable Compensation Income (Sum of Items 29 and 30) **9,290.22**

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 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

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

17 Employer's Name

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

18A ZIP Code

19 Gross Compensation Income from Present Employer (Sum of Items 39 and 40) **14,859.79**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Item 38) **5,569.57**

21 Taxable Compensation Income from Present Employer (Item 27 less Item 28) **9,290.22**

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

23 Gross Taxable Compensation Income (Sum of Items 29 and 30) **9,290.22**

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 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

I/we declare, under the penalty of perjury that this certificate has been made in good faith, verified by means, and to the best of my/our knowledge and belief, to be 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.

39 Present Employer/Authorized Agent Signature over Printed Name **EDENREY RAMOS** Date Signed

40 Employee Signature over Printed Name **Sambildal Alaisa Faith Arnaiz** Date Signed

41 CTC/Valid ID No. of Employee Race of Issuer Date Issued Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalty of perjury that the information herein stated are reported under BR Form No. 1004-C which has been filed with the Bureau of Internal Revenue.

55 Present Employer/Authorized Agent Signature over Printed Name **EDENREY RAMOS** (Head of Accounting/Human Resource or Authorized Representative)

56 Employee Signature over Printed Name **Sambildal Alaisa Faith Arnaiz**

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

