



BIR Form No. 2316 January 2018 (ENCS)	Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) <u>2022</u>	2 For the Period From (MM/DD) <u>'01/01/2022</u> To (MM/DD) <u>'01/01/2022</u>
Part I - Employee Information	
3 TIN <u>316-797-980-0000</u>	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
4 Employee's Name (Last Name, First Name, Middle Name) <u>Quino, Johar Puss Deraco</u>	5 RDO Code <u>126</u>
6 Registered Address <u>Rambo St, Babag 2 Lapu-Lapu City 6015 Cebu Philipp</u>	6A ZIP Code <u> </u>
6B Local Home Address <u> </u>	6C ZIP Code <u> </u>
6D Foreign Address <u> </u>	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <u> </u>
7 Date of Birth (MM/DD/YYYY) <u>12/25/1995</u>	28 Holiday Pay (MWE) <u> </u>
8 Contact Number <u> </u>	29 Overtime Pay (MWE) <u> </u>
9 Statutory Minimum Wage rate per day <u> </u>	30 Night Shift Differential (MWE) <u> </u>
10 Statutory Minimum Wage rate per month <u> </u>	31 Hazard Pay (MWE) <u> </u>
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	32 13th Month Pay and Other Benefits (maximum of P90,000) <u>0.00</u>
Part II - Employer Information (Present)	
12 TIN <u>227-294-4-15--000-0000</u>	33 De Minimis Benefits <u>1,366.88</u>
13 Employer's Name <u>CONCENTRIX DAKSH SERVICES PHILIPPINES CORPORATION</u>	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>0.00</u>
14 Registered Address <u>12/F CYBERONE EASTWOOD CITY, E. RODRIGUEZ JR., AVENUE, BAGUMB</u>	14A ZIP Code <u> </u>
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	35 Salaries and Other Forms of Compensation <u>0.00</u>
Part III - Employer Information (Previous)	
16 TIN <u> </u>	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <u>1,366.88</u>
17 Employer's Name <u> </u>	B. TAXABLE COMPENSATION INCOME REGULAR
18 Registered Address <u> </u>	37 Basic Salary <u>0.00</u>
18A ZIP Code <u> </u>	38 Representation <u> </u>
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <u>1,366.88</u>	39 Transportation <u> </u>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>1,366.88</u>	40 Cost of Living Allowance (COLA) <u> </u>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <u>0.00</u>	41 Fixed Housing Allowance <u> </u>
22 Add: Taxable Compensation Income from Previous Employer, if applicable <u> </u>	42 Others (specify) <u>OTs and Other Taxable</u>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>0.00</u>	42A <u> </u>
24 Tax Due <u>0.00</u>	42B <u> </u>
25 Amount of Taxes Withheld <u>0.00</u>	SUPPLEMENTARY
25A Present Employer <u> </u>	43 Commission <u> </u>
25B Previous Employer, if applicable <u> </u>	44 Profit Sharing <u> </u>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u>	45 Fees Including Director's Fees <u> </u>
27 Total Taxable Compensation Income (Sum of Items 37 to 49B) <u>0.00</u>	46 Taxable 13th Month Benefits <u> </u>

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 <u>EDENREY RAMOS</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <u> </u>
CONFORME: 52 <u>Quino, Johar Puss Deraco</u> Employee Signature over Printed Name	Date Signed <u> </u>
CTC/Valid ID No. of Employee <u> </u> Place of Issue <u> </u>	Date Signed <u> </u> Amount paid, if CTC <u> </u>

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 <u>EDENREY RAMOS</u> 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 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. 54 <u>Quino, Johar Puss Deraco</u> Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)