



BIR Form No.  
**2316**

**Certificate of Compensation Payment/Tax Withheld**



September 2021 (ENCL)

For Compensation Payment With or Without Tax Withheld

2316 (2021) (ENCL)

If all or applicable sections. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2 0 2 4** 2 For the Period From (MM/YY) **0 1 0 1** To (MM/YY) **0 4 0 3**

3 TIN **3 5 7 7 4 6 0 6 4 0 0 0 0** 4. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount

**Part I - Employee Information**

4 Employer's Name (Last Name, First Name, Middle Name) **Fillone, Dhenzel Jane, NMN** 5 RDO Code **0 0 0**

6 Registered Address **1068-A Mj Cuenco Avenue** 6A ZIP Code **6 0 0 0**

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 1 0 6 2 0 0 1** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

**Part II - Employer Information (Present)**

12 TIN **2 0 5 3 6 6 9 2 1 0 0 0 0**

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

**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

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

29 Basic Salary (including the exempt P250.00/below or the Statutory Minimum Wage of the MWE)

30 Holiday Pay (MWE)

31 Overtime Pay (MWE)

32 Night Shift Differential (MWE)

33 Hazard Pay (MWE)

34 13th Month Pay and Other Benefits (Maximum of 60% BSO) **610.47**

35 De Minimis Benefits **1,103.45**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **4,489.55**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **6,203.47**

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 42) **10,457.15**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum Item 38) **6,203.47**

21 Taxable Compensation Income from Present Employer (Sum of Items 39 thru 41) **4,253.68**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **4,253.68**

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**

**Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary **2,874.37**

40 Representation

41 Transportation

42 Cost of Living Allowance (COLA)

43 Fixed Housing Allowance

44 Others (specify)

44A

44B

**SUPPLEMENTARY**

45 Commission

46 Profit Sharing

47 Fees including Director's Fees

48 Taxable 13th Month Benefits **0.00**

49 Hazard Pay

50 Overtime Pay

51 Others (specify)

51A **OTHER TAXABLE INCOME** **1,379.31**

51B

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **4,253.68**

1984 Section, under the penalty of perjury that this certificate has been made in good faith, verified by me, and to the best of my/her 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 explicit consent to the processing of my/her information as contemplated under the Data Privacy Act of 2012 (D.A. No. 10173) for legitimate and lawful purposes.

53 EDENREY RAMOS *L/Edenrey*  
Present Employer/Authorized Agent Signature over Printed Name Date Signed

CONFORME: 54 Fillone Dhenzel Jane NMN  
Employee Signature over Printed Name Date Signed

CYC/Valid ID No. of Employer Place of Issue Date Issued

To be accomplished under substituted filing

I declare, under the penalty of perjury that the information herein stated are reported under BIR Form No. 1503-C, which has been filed with the Bureau of Internal Revenue.

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

56 Fillone Dhenzel Jane NMN  
Employee Signature over Printed Name

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