



2316
 September 2011 (ENC-3)

**Certificate of Compensation
 Payment/Tax Withheld**



Fill in all applicable spaces. Mark all appropriate boxes with an "X".
 For Compensation Payment With or Without Tax Withheld
 2316 9/2/ENC-3

1 For the Year **2 0 2 4** 2 For the Period **0 1 2 9** To **0 9 0 2**
 Part I - Employee Information

3 TIN **0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0**
 4 Employer's Name **Arenilla, Wella Marie, Into** BICOD Code **0 0 0**
 5 Registered Address **Kalipay St., Brgy. Opiod** SA ZIP Code **6 0 1 4**
 6 Local Home Address _____ NC ZIP Code _____
 7 Date of Birth (mm/dd/yyyy) **1 0 1 1 2 0 0 2** 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** SA ZIP Code **1 2 2 6**
 15 Type of Employer Main Employer Secondary Employer
 Part III - Employer Information (Previous)

16 Employer's Name _____
 17 Registered Address **GF 14th to 25th Flr 6798 Ayal** SA ZIP Code _____
 Part IVB - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 20 and 21)	145,263.96
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of Items 22 and 23)	50,015.58
21 Taxable Compensation Income from Present Employer (Sum of Items 24 and 25)	95,248.38
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	95,248.38
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 24 and 25)	0.00
27 5% Tax Credit (RA 6 Act of 2008)	0.00
28 Total Taxes Withheld (Sum of Items 26 and 27)	0.00

This document, under the penalties of perjury, that the information herein stated are regulated under BIR Form No. 1008-C which has been filed with the Bureau of Internal Revenue.

29 Basic Salary (Indicating the exempt PDS/Occupation or the Statutory Minimum Wage of the MWE)
 30 Holiday Pay (HWP)
 31 Overtime Pay (OWP)
 32 Night Shift Differential (NSD)
 33 Hazard Pay (HP)
 34 13th Month Pay and Other Benefits (Sum of Items 35-37)
 35 De Minimis Benefits **11,126.44**
 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)
 37 Salaries and Other Forms of Compensation **0.00**
 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 35-37) **50,015.58**
 39 Basic Salary **81,340.34**
 40 Representation
 41 Transportation
 42 Cost of Living Allowance (COLA)
 43 Fixed Housing Allowance
 44 Other Allowance
 44A _____
 44B _____
 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 Other Taxable Income **13,908.05**
 51A _____
 51B _____
 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **95,248.38**

53 **EDENREY RAMOS** Present Employer/Authorized Agent Signature over Printed Name Date Signed _____
 54 **Arenilla Wella Marie** Employee Signature over Printed Name Date Signed _____
 55 **Into** Employee Signature over Printed Name Date Signed _____
 56 _____
 57 _____

I declare, under the penalties of perjury that the information herein stated are regulated under BIR Form No. 1008-C which has been filed with the Bureau of Internal Revenue.

58 **EDENREY RAMOS** Present Employer/Authorized Agent Signature over Printed Name
 59 **Into** Employee Signature over Printed Name

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