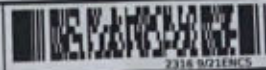




BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld



2316 021ENC5

September 2021 (ENCS)

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) 2025		2 For the Period From (MM/YY) 0101 To (MM/YY) 0208	
Part I - Employee Information			
3 TIN 000-000-000-0000			
4 Employee's Name (Last Name, First Name, Middle Name) Cole, Justin Lloyd, Vargas		5 RDO Code	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) 08091999		8 Contact Number	
9 Statutory Minimum Wage rate per day			
10 Statutory Minimum Wage rate per month			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
Part II - Employer Information (Present)			
12 TIN 205-366-921-0000			
13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.			
14 Registered Address GF 14th to 25th Flr 6798 Ayal		14A ZIP Code 1226	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> 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	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 29 and 30)		39,379.05	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		9,399.37	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		29,979.69	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		29,979.69	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		0.00	
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	
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 P90,000)		1,930.26	
35 De Minimis Benefits		4,632.29	
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		2,836.82	
37 Salaries and Other Forms of Compensation		0.00	
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)		9,399.37	
Part IV - Taxable Compensation Income Regular			
39 Basic Salary		23,703.82	
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		6,275.86	
51B			
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)		29,979.69	

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.

53 <u>EDENREY RAMOS</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME: 54 <u>Cole Justin Lloyd Vargas</u> Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee	Place of Issue	Date Issued
		Amount paid, if CTC

To be accomplished under substituted filing

55 <u>EDENREY RAMOS</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	56 <u>Cole Justin Lloyd Vargas</u> Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)