



BIR Form No.  
**2316**

**Certificate of Compensation Payment/Tax Withheld**



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21/ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<p><b>1</b> For the Year (YYYY) <b>2 0 2 1</b></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <b>3 5 2 - 3 5 0 - 1 5 9 - 0 0 0 0</b></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>Cagata, Ella Mell, Bala</b> <b>5</b> RDO Code <b>0 0 0</b></p> <p><b>6</b> Registered Address <b>Purok Sambag, Tisa</b> <b>6A</b> ZIP Code <b>6 0 0 0</b></p> <p><b>6B</b> Local Home Address <b>6C</b> ZIP Code</p> <p><b>6D</b> Foreign Address</p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>0 2 1 0 2 0 0 0</b> <b>8</b> Contact Number</p> <p><b>9</b> Statutory Minimum Wage rate per day</p> <p><b>10</b> Statutory Minimum Wage rate per month</p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p><b>12</b> TIN <b>2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0</b></p> <p><b>13</b> Employer's Name <b>CONCENTRIX CVG PHILIPPINES, INC.</b></p> <p><b>14</b> Registered Address <b>GF 14th to 25th Flr 6798 Ayal</b> <b>14A</b> ZIP Code <b>1 2 2 6</b></p> <p><b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN</p> <p><b>17</b> Employer's Name</p> <p><b>18</b> Registered Address <b>GF 14th to 25th Flr 6798 Ayal</b> <b>18A</b> ZIP Code</p> <p><b>Part IVA - Summary</b></p> <p><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 29 and 52) <b>65,500.68</b></p> <p><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>16,992.68</b></p> <p><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>48,508.00</b></p> <p><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b></p> <p><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>48,508.00</b></p> <p><b>24</b> Tax Due <b>0.00</b></p> <p><b>25</b> Amount of Taxes Withheld</p> <p><b>25A</b> Present Employer <b>0.00</b></p> <p><b>25B</b> Previous Employer, if applicable <b>0.00</b></p> <p><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b></p> <p><b>27</b> 5% Tax Credit (PERA Act of 2008)</p> <p><b>28</b> Total Taxes Withheld (Sum of Items 26 and 27) <b>0.00</b></p>	<p><b>2</b> For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>0 3 1 5</b></p> <p><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount</p> <p><b>29</b> Basic Salary (including the exempt P250.00 below or the Statutory Minimum Wage of the MWE)</p> <p><b>30</b> Holiday Pay (MWE)</p> <p><b>31</b> Overtime Pay (MWE)</p> <p><b>32</b> Night Shift Differential (MWE)</p> <p><b>33</b> Hazard Pay (MWE)</p> <p><b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>6,886.00</b></p> <p><b>35</b> De Minimis Benefits <b>5,241.38</b></p> <p><b>36</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <b>4,865.30</b></p> <p><b>37</b> Salaries and Other Forms of Compensation <b>0.00</b></p> <p><b>38</b> Total Non-Taxable/Exempt Compensation Income (sum of Items 29 to 37) <b>16,992.68</b></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>39</b> Basic Salary <b>41,956.28</b></p> <p><b>40</b> Representation</p> <p><b>41</b> Transportation</p> <p><b>42</b> Cost of Living Allowance (COLA)</p> <p><b>43</b> Fixed Housing Allowance</p> <p><b>44</b> Others (specify)</p> <p><b>44A</b></p> <p><b>44B</b></p> <p><b>SUPPLEMENTARY</b></p> <p><b>45</b> Commission</p> <p><b>46</b> Profit Sharing</p> <p><b>47</b> Fees including Director's Fees</p> <p><b>48</b> Taxable 13th Month Benefits <b>0.00</b></p> <p><b>49</b> Hazard Pay</p> <p><b>50</b> Overtime Pay</p> <p><b>51</b> Others (specify)</p> <p><b>51A</b> <b>OTHER TAXABLE INCOME</b> <b>6,551.72</b></p> <p><b>51B</b></p> <p><b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>48,508.00</b></p>
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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.

**53** EDENREY RAMOS *[Signature]* Date Signed \_\_\_\_\_  
Present Employer/Authorized Agent Signature over Printed Name

**CONFORME:**

**54** Cagata Ella Mell Bala Date Signed 0 9 0 6 2 0 2 5  
Employee Signature over Printed Name

CTC/Valid ID No. of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount paid, if CTC \_\_\_\_\_

**To be accomplished under substituted filing**

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.

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

**56** Cagata Ella Mell Bala *[Signature]*  
Employee Signature over Printed Name

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