



BIR Form No.  
**2316**

**Certificate of Compensation Payment/Tax Withheld**



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

<p><b>1</b> For the Year (YYYY) <b>2 0 2 4</b></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <b>3 7 4 - 5 3 6 - 8 2 9 - 0 0 0 0</b></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>Paradero, Trisha Mae, Arpon</b></p> <p><b>5</b> RDO Code <b>0 0 0</b></p> <p><b>6</b> Registered Address <b>Sitio Upperyati, Quiot Pardo</b></p> <p><b>6A</b> ZIP Code <b>6 0 0 0</b></p> <p><b>6B</b> Local Home Address</p> <p><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 9 1 2 2 0 0 2</b></p> <p><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></p> <p><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</p> <p><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 38 and 52) <b>288,170.15</b></p> <p><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>100,848.78</b></p> <p><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>187,321.37</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>187,321.37</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>1 1 0 9</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 P250,000 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>61,787.51</b></p> <p><b>35</b> De Minimis Benefits <b>21,404.65</b></p> <p><b>36</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <b>17,656.62</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>100,848.78</b></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>39</b> Basic Salary <b>154,654.71</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>32,666.67</b></p> <p><b>51B</b></p> <p><b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>187,321.37</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]* Present Employer/Authorized Agent Signature over Printed Name Date Signed \_\_\_\_\_

**CONFORME:** **Paradero Trisha Mae**

**54** Arpon 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**

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)

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. 320-00-00.

**56** Paradero Trisha Mae *[Signature]* Employee Signature over Printed Name

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