



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".

1 For the Year (YYYY) **2 0 2 1** 2 For the Period From (MMDD) **0 1 0 1** To (MMDD) **0 4 2 1**

**Part I - Employee Information**

3 TIN **3 2 2 - 1 0 5 - 3 9 2 - 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **Sinambong, Ramon Jr, Bronola** 5 RDO Code **0 0 0**

6 Registered Address **Brgy.Glbitngil Purok Kumintang, Sitio Lipata** 6A ZIP Code **6 0 1 2**

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MMDD/YYYY) **0 2 0 9 1 9 9 6** 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

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 29 and 52)	<b>101,051.46</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	<b>25,179.71</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	<b>75,871.75</b>
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>75,871.75</b>
24 Tax Due	<b>0.00</b>
25 Amount of Taxes Withheld	<b>0.00</b>
25A Present Employer	<b>0.00</b>
25B Previous Employer, if applicable	<b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>
27 5% Tax Credit (PERA Act of 2008)	<b>0.00</b>
28 Total Taxes Withheld (Sum of Items 26 and 27)	<b>0.00</b>

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
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)	<b>7,963.07</b>
35 De Minimis Benefits	<b>9,957.92</b>
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>7,258.72</b>
37 Salaries and Other Forms of Compensation	<b>0.00</b>
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<b>25,179.71</b>
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	<b>62,998.19</b>
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	
44A	
44B	
C. SUPPLEMENTARY	
45 Commission	
46 Profit Sharing	
47 Fees including Director's Fees	
48 Taxable 13th Month Benefits	<b>0.00</b>
49 Hazard Pay	
50 Overtime Pay	
51 Other (specify)	
51A OTHER TAXABLE INCOME	<b>12,873.56</b>
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<b>75,871.75</b>

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** Present Employer/Authorized Agent Signature over Printed Name Date Signed

54 **BRONOLA** Employee Signature over Printed Name Date Signed

CTC/Valid ID No. of Employee Place of Issue Date Issued

**To be accomplished under substituted filing**

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

56 **BRONOLA** Employee Signature over Printed Name

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