

For BIR / BCS / Use Only / Item



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No.  
**2316**

### Certificate of Compensation Payment/Tax Withheld



September 2021 (ENC-3)

For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) **2021** 2 For the Period From (MMCC) **01** To (MMCC) **06**

**Part I - Employee Information**

3 TIN **763-353-151-0000**

4 Employee's Name (Last Name, First Name, Middle Name) **Robeliza Licanda**

5 RDO Code

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MMCC/YYYY) **7/27/2000**

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

	Amount
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
29 Basic Salary (including the exempt PCS (20 & 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)	13,743.68
35 De Minimis Benefits	12,689.79
36 SSS, GSIS, PHIC & PAG-BIG Contributions and Union Dues (Employee share only)	9,439.81
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37)	35,873.28
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
39 Basic Salary	77,220.08
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	7,448.28
44A	
44B	
<b>SUPPLEMENTARY</b>	
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	
51B	
52 Total Taxable Compensation Income (Sum of items 39 to 51B)	84,668.36

**Part II - Employer Information (Present)**

12 TIN **000-285-3766-921-0000**

13 Employer's Name **CONCENTRIX CVG PHILIPPINES, INC.**

14 Registered Address **6798 Ayala North Exchange Tower 2, Ayala Ave. cor Amoroso Salcedo St. Brgy. San Lorenzo Makati City**

14A ZIP Code

15 Type of Employer  Main Employer  Secondary Employer

**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

**Part IV-A - Summary**

19 Gross Compensation Income from Present Employer (Sum of items 39 and 52)	120,541.64
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	35,873.28
21 Taxable Compensation Income from Present Employer (Item 19 less Item 20) (From Item 52)	84,668.36
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	84,668.36
24 Tax Due	0.00
25 Amount of Taxes Withheld	
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

I declare, under the penalties of perjury that this certificate has been made in good faith, verified by me or, and to the best of my own 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 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

CONFORME:  
54 **Robeliza Licanda**  
Employee Signature over Printed Name

CTC/Valid ID No. of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_ Amount paid, if CTC \_\_\_\_\_

Date Issued \_\_\_\_\_

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**  
Head of Accounting/Human Resource or Authorized Representative

I declare, under the penalties of perjury that, an employer under substituted filing (BIR Form No. 1105), does not withhold compensation income from only one employee in the Philippines for the calendar year, that taxes have been correctly withheld by my employer (see also regular tax withholding), that the BIR Form No. 1604-C filed by my employer to the BIR shall contribute to my income tax return, and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1105 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 **Robeliza Licanda**  
Employee Signature over Printed Name

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