



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



September 2021 (ENC5)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENC5

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

<p>1 For the Year (YYYY) 2 0 2 5</p> <p>Part I - Employee Information</p> <p>3 TIN 5 1 3 - 3 9 1 - 3 2 1 - 0 0 0 0</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Cantillas, Atasha Anne, NMN</p> <p>6 Registered Address 6A ZIP Code</p> <p>6B Local Home Address 6C ZIP Code</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY) 8 Contact Number 1 1 0 4 2 0 0 3</p> <p>9 Statutory Minimum Wage rate per day</p> <p>10 Statutory Minimum Wage rate per month</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN 2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0</p> <p>13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.</p> <p>14 Registered Address 14A ZIP Code GF 14th to 25th Flr 6798 Ayal 1 2 2 6</p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN</p> <p>17 Employer's Name</p> <p>18 Registered Address 18A ZIP Code GF 14th to 25th Flr 6798 Ayal</p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 290,950.30</p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 64,571.74</p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 226,378.57</p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00</p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 226,378.57</p> <p>24 Tax Due 0.00</p> <p>25 Amount of Taxes Withheld 0.00</p> <p>25A Present Employer 0.00</p> <p>25B Previous Employer, if applicable 0.00</p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00</p> <p>27 5% Tax Credit (PERA Act of 2008)</p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00</p>	<p>2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 1 2 9</p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount</p> <p>29 Basic Salary (including the exempt P250,000 below) or the Statutory Minimum Wage of the MWE</p> <p>30 Holiday Pay (MWE)</p> <p>31 Overtime Pay (MWE)</p> <p>32 Night Shift Differential (MWE)</p> <p>33 Hazard Pay (MWE)</p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) 24,797.23</p> <p>35 De Minimis Benefits 17,655.17</p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 22,119.33</p> <p>37 Salaries and Other Forms of Compensation 0.00</p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 64,571.74</p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>39 Basic Salary 197,137.19</p> <p>40 Representation</p> <p>41 Transportation</p> <p>42 Cost of Living Allowance (COLA)</p> <p>43 Fixed Housing Allowance</p> <p>44 Others, specify: 44A 44B</p> <p>SUPPLEMENTARY</p> <p>45 Commission</p> <p>46 Profit Sharing</p> <p>47 Fees Including Director's Fees</p> <p>48 Taxable 13th Month Benefits 0.00</p> <p>49 Hazard Pay</p> <p>50 Overtime Pay</p> <p>51 Others, specify: 51A OTHER TAXABLE INCOME 29,241.38 51B</p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 226,378.57</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 Cantillas Atasha Anne NMN Date Signed _____
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

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

56 Cantillas Atasha Anne NMN
Employee Signature over Printed Name

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