



Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

1 For the year (YYYY) **2019**

Part I Employee Information

3 Taxpayer Identification No. **302 634 203 000**

4 Employee's Name (Last Name, First Name, Middle Name) **Omayao, Flordelizita**

5 RDO Code **000**

6 Registered Address **190 Pitalo, San Fernando, Cebu**

6A Zip Code **6000**

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **03 30 1979**

8 Telephone number

9 Exemption Status Single Married

9A Is the wife claiming the additional exemption for qualified dependent children?
 Yes No

10 Name of Qualified Dependent Children

11 Date of Birth (MM/DD/YYYY)

Catubig, Kurt Henrich O.	11 09 2005
Catubig, Katie Erich O.	11 14 2007

12 Statutory Minimum Wage rate per day **12**

13 Statutory Minimum Wage rate per month **13**

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II Employer Information (Present)

15 Taxpayer Identification No. **205 366 921 000**

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

17 Registered Address **8th Floor SLC building, 6797 Ayala**

17A Zip Code **1226**

Main Employer Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address

20A Zip Code

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus item 55)	21	25,027.10
22 Less: Total Non-Taxable/Exempt (Item 41)	22	7,718.22
23 Taxable Compensation Income from Present Employer (Item 55)	23	17,308.88
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	17,308.88
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	
28 Net Taxable Compensation Income	28	17,308.88
29 Tax Due	29	0.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	0.00
30B Previous Employer	30B	
31 Total Amount of Taxes Withheld As adjusted	31	0.00

2 For the period From (MM/DD) **01 01** To (MM/DD) **02 13**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	0.00
33 Holiday Pay (MWE)	33	0.00
34 Overtime Pay (MWE)	34	0.00
35 Night Shift Differential (MWE)	35	0.00
36 Hazard Pay (MWE)	36	0.00
37 13th Month Pay and Other Benefits	37	2,013.44
38 De Minimis Benefits	38	3,494.26
39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only)	39	1,038.10
40 Salaries & Other forms of Compensation	40	1,172.42
41 Total Non-Taxable/Exempt Compensation Income	41	7,718.22

B. TAXABLE COMPENSATION INCOME

REGULAR

42 Basic Salary	42	11,681.49
43 Representation	43	0.00
44 Transportation	44	0.00
45 Cost of Living Allowance	45	0.00
46 Fixed Housing Allowance	46	0.00
47 Others (Specify)		
47A	47A	0.00
47B	47B	0.00

SUPPLEMENTARY

48 Commission	48	0.00
49 Profit Sharing	49	0.00
50 Fees including Director's Fees	50	0.00
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	0.00
53 Overtime Pay	53	1,812.33
54 Others (Specify)		
54A EPGAL	54A	3,815.06
54B	54B	
55 Total Taxable Compensation Income	55	17,308.88

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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.

56 Present Employer/Authorized Agent Signature Over Printed Name **MARICAR CORONEL**

57 Omayao, Flordelizita **04-12-2019**

58 Present Employer/Authorized Agent Signature Over Printed Name

59 Omayao, Flordelizita

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which have been filed with the Bureau of Internal Revenue.

58 **MARICAR CORONEL**

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 Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR form No. 1604CF 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 had been filed pursuant to the provisions of RR 3-2002, as amended.

59 Omayao, Flordelizita

Employee Signature Over Printed Name