



Certificate of Compensation Payment/Tax Withheld

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	2 For the Period From (MM/YY)	01-01	To (MM/YY)	04-15
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Part I Employee Information	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
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3 Taxpayer

Identification No. 419 584 704 000

4 Employee's Name (Last Name, First Name, Middle Name) **Novero, Jocelyn Libres** 5 RDO Code 040

6 Registered Address **Blk. 1 Lot 44 La Aldea Del Rio Calawisan Lapu-Lapu City** 6A Zip Code

6B Local Home Address 6C Zip Code

6N Overseas Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

9 Exemption Status Single Married

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

10 Name of Qualified Dependent (1) 11 Date of Birth (MM/DD/YYYY)

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

15 Taxpayer

Identification No. 227 294 415 0000

16 Employer's Name **Concentrix Daksh Services Philippines Corporation**

17 Registered Address **12/F CYBERLONE EASTWOOD CITY, E. RODRIGUEZ JR. AVENUE, BAGUMBAYAN QUEZON CITY PHILIPPINES** 17A Zip Code 1110

Main Employer Secondary Employer

18 Taxpayer

Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
No.	Description	No.	Amount
21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)
22	Less: Total Non-Taxable/ Exempt (Item 41)	33	Holiday Pay (MWE)
23	Taxable Compensation Income from Present Employer (Item 55)	34	Overtime Pay (MWE)
24	Add: Taxable Compensation Income from Previous Employer	35	Night Shift Differential (MWE)
25	Gross Taxable Compensation Income	36	Hazard Pay (MWE)
26	Less: Total Exemptions	37	13th Month Pay and Other Benefits
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	38	De Minimis Benefits
28	Net Taxable Compensation Income	39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)
29	Tax Due	40	Salaries & Other Forms of Compensation
30	Amount of Taxes Withheld	41	Total Non-Taxable/Exempt Compensation Income
30A	Present Employer	42	Basic Salary
30B	Previous Employer	43	Representation
31	Total Amount of Taxes Withheld As adjusted	44	Transportation
		45	Cost of Living Allowance
		46	Fixed Housing Allowance
		47	Others (Specify)
		47A	OTHER EARNINGS
		47B	
		48	SUPPLEMENTARY Commission
		49	Profit Sharing
		50	Fees Including Director's Fees
		51	Taxable 13th Month Pay and Other Benefits
		52	Hazard Pay
		53	Overtime Pay
		54	Others (Specify)
		54A	
		54B	
		55	Total Taxable Compensation Income

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 **EDENREY C. RAMOS** Date Signed

Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME: **Novero, Jocelyn Libres** Date Signed

CTC No. Employee Signature Over Printed Name Date of Issue

Place of Issue Amount Paid

To be accomplished under substituted filing

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

58 **EDENREY C. RAMOS**

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 No. 3-2002 as amended.

59 **Novero, Jocelyn Libres**

Employee Signature Over Printed Name