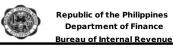
For BIR BCS/ Use Only Item:



2316

## Certificate of Compensation Payment/Tax Withheld



| January 2018 (ENCS) For Compensation Payment Wil   | h or Without Tax Withheld 2316 01/18ENCS   |
|--|--|
| 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   |
| Part I - Employee Information  | Part IV-B Details of Compensation Income & Tax Withheld from Present Employer  |
| 3 TIN 3   1   9   - 8   1   3   - 5   8   7   - 0   0   0   0   0  | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount   |
| 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code  Derecho, Manilyn, Sebusa  | 27 Basic Salary (including the exempt P250,880below) or the Statutory Minimum Wage of the MWE  |
| 6 Registered Address 6A ZIP Code   | 28 Holiday Pay (MWE)   |
|  | 29 Overtime Pay (MWE)  |
| 6B. Local Home Address 6C. ZIP Code  | 30 Night Shift Differential (MWE)  |
| 6D Foreign Address   | 31 Hazard Pay (MWE)  |
|  | 32 13th Month Pay and Other Benefits 47.842.53   |
| 7 Date of Birth (MM/DD/YYYY) 8 Contact Number 8 Contact Number   | (maximum of P90,000)  33 De Minimis Benefits  20,781.61  |
| 9 Statutory Minimum Wage rate per day  | 34 SSS, GSIS, PHIC & PAG-IBIG Contributions 13,931.79  |
| 10 Statutory Minimum Wage rate per month   | and Union Dues (Employee share only)  35 Salaries and Other Forms of Compensation  15,034.55   |
| Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax  | 35 Salaries and Other Forms of Compensation 15,034.55 36 Total Non-Taxable/Exempt Compensation 97,590.48   |
| Part II - Employer Information (Present)  12 TIN   | Income (Sum of Items 27 to 35)   |
| 13.Employer's Name   | B. TAXABLE COMPENSATION INCOME REGULAR   |
| CONCENTRIX CVG PHILIPPINES, INC.   | 37 Basic Salary 164,046.00   |
| 14 Registered Address       14A ZIP Code         GF 14th to 25th Flr 6798 Ayal       1, 2, 2, 6  | 38 Representation  |
| 15 Type of Employer X Main Employer Secondary Employer   | 39 Transportation  |
| Part III - Employer Information (Previous)   | 40 Cost of Living Allowance (COLA)   |
| 16 TIN   | 41 Fixed Housing Allowance   |
| 17 Employer's Name   | 42 Others (specify) 42A  |
| 18 Registered Address 18A ZIP Code   | 428  |
| Part IVA - Summary   | SUPPLEMENTARY  |
| 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)  |  |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)   | 44 Profit Sharing  |
| 21 Taxable Compensation Income from Present 173,905.13   |  |
| Employer (Item 19 Less Item 20) (From Item 50)  22 Add: Taxable Compensation Income from  0.00   | 46 Taxable 13th Month Benefits   |
| Previous Employer, if applicable  23 Gross Taxable Compensation Income  173,905.13   | 47 Hazard Pay  |
| (Sum of Items 21 and 22)  24 Tax Due  0.00   | 48 Overtime Pay  |
| 25 Amount of Taxes Withheld 0.00   | 49 Others (specify) 49A OTHER TAXABLE INCOME 9,859.13  |
| 25A Present Employer  25B Previous Employer if applicable  0.00  | ,  |
| 25B Previous Employer, if applicable  26 Total Amount of Taxes Withheld as adjusted  0.00  | 50 Total Taxable Compensation Income 173,905.13  |
| (Sum of Items 25A and 25B)  I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by  | (Sum of Items 37 to 49B)   |
| 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. |  |
| 51 EDENREY RAMOS Present Employer/Authorized Agent Signature over Printed Name   |  |
| CONFORME: 52   | Date Signed  |
| Employee Signature over Printed Name CTC/Valid ID No. Place of   | Amount paid, if CTC  |
| of Employee Issue  | Date Issued    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.  | I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.   |
| Present Employer/Authorized Agent Signature over Printed Name<br>(Head of Accounting/Human Resource or Authorized Representative)  | 54   |