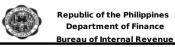
For BIR BCS/ Use Only Item:



BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld



January 2018 (ENCS) For Compensation Payment With or Without Tax Withheld 2316 01/18ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X". 1 For the Year 2 0 2 1	2 For the Period 0 1 0 1 1 1 2 1
2 0 2 1	From (MM/DD) O 1 0 1 To (MM/DD) 1 1 2 1
Part I - Employee Information	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
3 TIN 3 6 4 - 1 5 7 - 5 1 3 - 0 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	27 Basic Salary (including the exempt P250,000below)
Estrella, Rudjia, Romacho	or the Statutory Minimum Wage of the MWE
Estrella, Radja, Rollacilo	28 Holiday Pay (MWE)
6 Registered Address 6A ZIP Code	20 Holiday Fay (HWE)
	29 Overtime Pay (MWE)
6C ZIP Code	
	30 Night Shift Differential (MWE)
6D Foreign Address	31 Harrard Day (MME)
	31 Hazard Pay (MWE)
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	32 13th Month Pay and Other Benefits 90,000.00
1,20,71,9,9,8	22.160.02
	33 De Minimis Benefits
9 Statutory Minimum Wage rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions 15,327.13
10 Statutory Minimum Wage rate per month	and Union Dues (Employee share only)
Minimum Wago Farner (MWE) whose compensation is exempt from	35 Salaries and Other Forms of Compensation 0.00
withholding tax and not subject to income tax	36 Total Non-Taxable/Exempt Compensation 127,488.05
Part II - Employer Information (Present)	Income (Sum of Items 27 to 35)
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	B. TAXABLE COMPENSATION INCOME REGULAR
13.Employer's Name	162 077 01
CONCENTRIX CVG PHILIPPINES, INC.	37 Basic Salary 163,077.91
14 Registered Address 14A ZIP Code	38 Representation
GF 14th to 25th Flr 6798 Ayal	
	39 Transportation
15 Type of Employer X Main Employer Secondary Employer	40 Cost of Living Allowance (COLA)
Part III - Employer Information (Previous)	TO COSE OF EIVING ANOWARICE (COLA)
16 TIN	41 Fixed Housing Allowance
17 Employer's Name	42 Others (specify)
	42A
	428
18 Registered Address 18A ZIP Code	42B
	SUPPLEMENTARY
Part IVA - Summary 19 Gross Compensation Income from Present 323,787.46	43 Commission
19 Gross Compensation Income from Present 323,787.46 Employer (Sum of Items 36 and 50)	
20 Less: Total Non-Taxable/Exempt Compensation 127,488.05	44 Profit Sharing
Income from Present Employer (From Item 36)	45 Fees Including Director's Fees
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	
22 Add Tarable Communication Income from	46 Taxable 13th Month Benefits 3,384.16
Previous Employer, if applicable	47 Harrist Day
23 Gross Taxable Compensation Income 196,299.42	47 Hazard Pay
(Sum of Items 21 and 22)	48 Overtime Pay
24 Tax Due 0.00	49 Others (specify)
25 Amount of Taxes Withheld 0,00	
25A Present Employer	49A OTHER TAXABLE INCOME 29,837.34
25B Previous Employer, if applicable	498
26 Total Amount of Taxes Withheld as adjusted	50 Total Taxable Compensation Income
(Sum of Items 25A and 25B)	50 Total Taxable Compensation Income 196,299.42
I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by	
the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authori as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.	ty thereor. Further, I/we give my/our consent to the processing of my/our information
EDENDEY DAMOS MAMY	
51 EDENKET KAMOS 7/7	Date Signed
Present Employer/Authorized Agent Signature over Printed Name	
CONFORME: 52	Date Signed
Employee Signature over Printed Name	Amount paid, if CTC
CTC/Valid ID No. Place of	Date Issued
of Employee Issue	
To be accomplished u I declare, under the penalties of perjury that the information herein stated are	nder substituted filing I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return
reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.	(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
meenal nevenue.	the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR
53	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 (Head of Accounting/Human Resource or Authorized Representative)	54
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