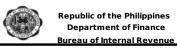
For BIR BCS/ Use Only Item:



BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld



January 2018 (ENCS)	For Compensation Payment Wit	h or Without Tax Withheld			2316 01/18ENCS
Fill in all applicable spaces. Mark all appropriate boxes with a 1 For the Year 2 0 2 1	an "X".	2 For the Period			
1 For the Year (YYYY) 2 0 2 1		From (MM/DD)	0 1 0 1	To (MM/DD)	1 0 0 7
Part I - Employee Informa		Part IV-B Details of	Compensation Income	& Tax Withheld f	from Present Employer
3 TIN 3 5 3 - 2 1 6 - 0 5	7 - 0 0 0 0 0	A. NON-TAXABLE/EXEM	PT COMPENSATION IN	ОМЕ	Amount
4 Employee's Name (Last Name, First Name, Middle Name)	5 RDO Code	27 Basic Salary (includ	ing the exempt P250,0	(200 Obelow)	
Velasquez, Iñaki Miguel, Boiser		or the Statutory Mi	nimum Wage of the M	WE	
6 Registered Address	6A ZIP Code	28 Holiday Pay (MWE)			
		29 Overtime Pay (MW	E)		
6B Local Home Address	6C ZIP Code	25 Overtime ray (MW	-,		
		30 Night Shift Differen	tial (MWE)		
6D Foreign Address					
	31 Hazard Pay (MWE)				
7 Date of Birth (MM/DD/YYYY) 8 Contact Nun	32 13th Month Pay an (maximum of P90,000)			24,972.99	
0,71,81,9,9,8	33 De Minimis Benefits			19,310.34	
9 Statutory Minimum Wage rate per day					
9 Statutory Millimitum Wage rate per day		34 SSS, GSIS, PHIC & and Union Dues	Employee share		11,742.56
10 Statutory Minimum Wage rate per month		35 Salaries and Other			0.00
11 Minimum Wage Earner (MWE) whose compensa		•			
withholding tax and not subject to income tax Part II - Employer Information	36 Total Non-Taxable/E Income (Sum of Ite)			56,025.89	
12 TIN 2,0,5 _ 3,6,6 _ 9,2	B. TAXABLE COMPENSA		R		
13 Employer's Name	1 - 0 0 0 0 0	-			
CONCENTRIX CVG PHILIPPINES, INC.		37 Basic Salary			125,794.11
14 Registered Address	14A ZIP Code	38 Representation			
GF 14th to 25th Flr 6798 Ayal	1, 2, 2, 6	·			
15 Type of Employer X Main Employer	7	39 Transportation			
Part III - Employer Information	Secondary Employer	40 Cost of Living Allow	ance (COLA)		
16 TIN	(Flevious)	1			
		41 Fixed Housing Allow	rance		
17 Employer's Name		42 Others (specify)			
		42A			
18 Registered Address	18A ZIP Code	42B			
Part IVA - Summary		SUPPLEMENTA RY	•		
19 Gross Compensation Income from Present	208,268.35	43 Commission			
Employer (Sum of Items 36 and 50)		44 Profit Sharing			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	56,025.89				
21 Taxable Compensation Income from Present	152,242.47	45 Fees Including Direct	tor's Fees		
Employer (Item 19 Less Item 20) (From Item 50)	•	46 Taxable 13th Month	Benefits		0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00				
23 Gross Taxable Compensation Income	152,242.47	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		TAXABLE INCO	ME	26,448.36
25A Present Employer		49A OTHER	TAXABLE INCC	, IVIE	
25B Previous Employer, if applicable	0.00	49B			
26 Total Amount of Taxes Withheld as adjusted	0.00	50 Total Taxable Comp	ensation Income		152,242.47
(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 49		is true and correct. pu	
the provisions of the National Internal Revenue Code, as amended as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10:	, and the regulations issued under authorit				
1.116					\neg
51 EDENKET KAMOS 7/7	<u> </u>	Date	Signed		
Present Employer/Authorized Agent Signature	e over Printed Name				
CONFORME: 52		Date	Signed	1 1 1	I
Employee Signature over Printe	ed Name				Amount paid, if CTC
CTC/Valid ID No.	Place of	Date	Issued		
of Employee	Issue To be accomplished u	nder substituted filina			
I declare, under the penalties of perjury that the information herein stated reported under BIR Form No. 1604-C which has beer	are	I declare, under the per	nalties of perjury that I am qualif		
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				
	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				
53 Present Employer/Authorized Agent Signat	of Revenue Regulations (RR) No	. 3-2002, as amended.			
(Head of Accounting/Human Resource or Aut		54_			l