



BIR Form No. <h1 style="margin:0;">2316</h1> January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the year (YYYY) 2 0 2 0	2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 3 0 5
Part I - Employee Information	
3 TIN 3 3 0 - 1 8 6 - 2 4 5 - 0 0 0	4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Sicatin, Riza Mae 0 0 0
6 Registered Address 6A Zip Code Capitol 6 0 0 0 	6B Local Home Address 6C Zip Code _____ _____
6D Foreign Address _____	7 Date of Birth (MM/DD/YYYY) 8 Contact Number 0 6 1 9 1 9 9 8 _____
9 Statutory Minimum Wage rate per day _____ 10 Statutory Minimum Wage rate per month _____	11 <input type="checkbox"/> Minimum Wage Earner(MWE) whose compensation is exempt from withholding tax and not subject to income tax
Part II - Employer Information (Present)	
12 TIN 2 0 5 - 3 6 6 - 9 2 1 - 0 0 0	13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.
14 Registered Address 14A Zip Code 8th Floor SLC building, 6797 Ayala Avenue 1 2 2 6 	15 Type of Employee <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer
Part III - Employer Information (Previous)	
16 TIN _____	17 Employer's Name _____
18 Registered Address 18A Zip Code _____ _____ 	19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 63,458.95 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 17,877.68 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 45,581.27 22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 45,581.27 24 Tax Due 0.00 25 Amount of Taxes Withheld 25A Present Employer 0.00 25B Previous Employer, if applicable 0.00 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	2,741.33
33 De Minimis Benefits	12,023.82
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	3,112.53
35 Salaries and Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	17,877.68
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	29,783.43
38 Representation	0.00
39 Transportation	0.00
40 Cost of Living Allowance (COLA)	0.00
41 Fixed Housing Allowance	0.00
42 Others (Specify)	42A _____ 0.00 42B _____ 0.00
SUPPLEMENTARY	
43 Commission	0.00
44 Profit Sharing	0.00
45 Fees Including Director's Fees	0.00
46 Taxable 13th Month Benefits	0.00
47 Hazard Pay	0.00
48 Overtime Pay	10,050.69
49 Others (Specify)	49A _____ EPGAL 5,747.15 49B _____ 0.00
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	45,581.27

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/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. 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 C. RAMOS Present Employer/ Authorized Agent Signature over Printed Name	Date Signed 1 2 3 1 9 9 9 9	
CONFORME: 52 Sicatin, Riza Mae Employee Signature over Printed Name	Date Signed _____	Amount Paid, if CTC _____
C/Valid ID No. _____ Place of _____ of Employee _____ issue _____	Date of Issue _____	_____

To be accomplished under substituted filing

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. 53 _____ 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 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 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. 54 _____ Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)