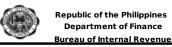
For BIR BCS/ Use Only Item:



BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld



Fill in all applicable spaces. Mark all appropriate boxes with an "X". 1 For the Year 2 0 2 2	2 For the Period 0 1 0 1 0 1
1 For the Year 2 0 2 2	From (MM/DD)
Part I - Employee Information	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
3 TIN 7 4 5 - 3 0 8 - 7 1 9 - 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)
Lunisa, John Anfernee, Apawan	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	25 Overtaine Fully (MWE)
	30 Night Shift Differential (MWE)
6D Foreign Address	
	31 Hazard Pay (MWE)
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	32 13th Month Pay and Other Benefits 6,542.4
0,50,42,0,0,0	2 210
	1
9 Statutory Minimum Wage rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)
10 Statutory Minimum Wage rate per month	
Minimum Wage Earner (MWE) whose compensation is exempt from	
withholding tax and not subject to income tax Part II - Employer Information (Present)	13,057.
12 TIN 2 0 5 3 6 6 9 2 1 0 0 0 0 0 0	B. TAXABLE COMPENSATION INCOME REGULAR
13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.	37 Basic Salary 30,409.8
	38 Representation
14 Registered Address 14A ZIP Code GF 14th to 25th Flr 6798 Ayal 1, 2, 2, 0	1 · ·
	39 Transportation
15 Type of Employer X Main Employer Secondary Employer	40 Cost of Living Allowance (COLA)
Part III - Employer Information (Previous) 16 TIN	
	41 Fixed Housing Allowance
17 Employer's Name	42 Others (specify)
	42A
18 Registered Address 18A ZIP Code	42B
	SUPPLEMENTARY
Part IVA - Summary 19 Gross Compensation Income from Present 49,260.7	43 Commission
	43 Commission
Employer (Sum of Items 36 and 50)	
	44. Profit Sharing
Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	44 Profit Sharing
Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation 13,057.7	44 Profit Sharing 45 Fees Including Director's Fees
Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present 36,202.9	44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 0.0
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Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 24 Tax Due 25 Amount of Taxes Withheld 25A Present Employer 25B Previous Employer, if applicable 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified the provisions of the National Internal Revenue Code, as amended, and the regulations issued under auth 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 Employee Signature over Printed Name CTC/Valid ID No. of Employee To be accomplished 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	44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 77 Hazard Pay 48 Overtime Pay 49 Others (specify) 49A OTHER TAXABLE INCOME 55,793 50 Total Taxable Compensation Income (Sum of Items 37 to 498) Time/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to rity thereof. Further, I/we give my/our consent to the processing of my/our information Date Signed Date Signed Date Issued Inder substituted filing I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (SIR 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