



BIR Form No.  
**2316**  
January 2018 (ENC5)

**Certificate of Compensation  
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

2316 01/18ENC5

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<p><b>1</b> For the Year (YYYY) <b>2 0 2 1</b></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <b>3 6 3 - 6 7 7 - 1 3 8 - 0 0 0 0</b></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>DEGAMO, JUSTINE JOY GOSARIN</b></p> <p><b>5</b> RDO Code <b>1 2 6</b></p> <p><b>6</b> Registered Address <b>BUAGSONG, CORDOVA, 6017 CEBU</b></p> <p><b>6A</b> ZIP Code</p> <p><b>6B</b> Local Home Address</p> <p><b>6C</b> ZIP Code</p> <p><b>6D</b> Foreign Address</p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>0 8 0 4 2 0 0 1</b></p> <p><b>8</b> Contact Number</p> <p><b>9</b> Statutory Minimum Wage rate per day</p> <p><b>10</b> Statutory Minimum Wage rate per month</p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p><b>12</b> TIN <b>2 2 7 - 2 9 4 - 4 1 5 - 0 0 0 0</b></p> <p><b>13</b> Employer's Name <b>CONCENTRIX DAKSH SERVICES PHILIPPINES, CORP.</b></p> <p><b>14</b> Registered Address</p> <p><b>14A</b> ZIP Code</p> <p><b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN</p> <p><b>17</b> Employer's Name</p> <p><b>18</b> Registered Address <b>GF to 4F AYALA TECHNOHUB BLDG QC</b></p> <p><b>18A</b> ZIP Code</p> <p><b>Part IVA - Summary</b></p> <table style="width:100%;"> <tr> <td><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)</td> <td style="text-align: right;"><b>246,435.88</b></td> </tr> <tr> <td><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)</td> <td style="text-align: right;"><b>65,783.78</b></td> </tr> <tr> <td><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)</td> <td style="text-align: right;"><b>180,652.10</b></td> </tr> <tr> <td><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable</td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)</td> <td style="text-align: right;"><b>180,652.10</b></td> </tr> <tr> <td><b>24</b> Tax Due</td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td><b>25</b> Amount of Taxes Withheld</td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td><b>25A</b> Present Employer</td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td><b>25B</b> Previous Employer, if applicable</td> <td style="text-align: right;"><b>0.00</b></td> </tr> <tr> <td><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</td> <td style="text-align: right;"><b>0.00</b></td> </tr> </table>	<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	<b>246,435.88</b>	<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	<b>65,783.78</b>	<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	<b>180,652.10</b>	<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>	<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>180,652.10</b>	<b>24</b> Tax Due	<b>0.00</b>	<b>25</b> Amount of Taxes Withheld	<b>0.00</b>	<b>25A</b> Present Employer	<b>0.00</b>	<b>25B</b> Previous Employer, if applicable	<b>0.00</b>	<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>	<p><b>2</b> For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>1 2 3 1</b></p> <p><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount</p> <p><b>27</b> Basic Salary (including the exempt P256,000.00 or the Statutory Minimum Wage of the MWE)</p> <p><b>28</b> Holiday Pay (MWE)</p> <p><b>29</b> Overtime Pay (MWE)</p> <p><b>30</b> Night Shift Differential (MWE)</p> <p><b>31</b> Hazard Pay (MWE)</p> <p><b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>28,705.74</b></p> <p><b>33</b> De Minimis Benefits <b>23,908.04</b></p> <p><b>34</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <b>13,170.00</b></p> <p><b>35</b> Salaries and Other Forms of Compensation <b>0.00</b></p> <p><b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>65,783.78</b></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>37</b> Basic Salary <b>162,789.91</b></p> <p><b>38</b> Representation</p> <p><b>39</b> Transportation</p> <p><b>40</b> Cost of Living Allowance (COLA)</p> <p><b>41</b> Fixed Housing Allowance</p> <p><b>42</b> Others (specify)</p> <p><b>42A</b></p> <p><b>42B</b></p> <p><b>SUPPLEMENTARY</b></p> <p><b>43</b> Commission</p> <p><b>44</b> Profit Sharing</p> <p><b>45</b> Fees Including Director's Fees</p> <p><b>46</b> Taxable 13th Month Benefits <b>0.00</b></p> <p><b>47</b> Hazard Pay</p> <p><b>48</b> Overtime Pay</p> <p><b>49</b> Others (specify)</p> <p><b>49A</b> <b>OTHER TAXABLE INCOME</b> <b>17,862.19</b></p> <p><b>49B</b></p> <p><b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <b>180,652.10</b></p>
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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 RAMOS *Edenrey Ramos*  
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

**CONFORME:**

**52** DEGAMO, JUSTINE JOY GOSARIN  
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee                      Place of Issue                      Date Issued                      Amount paid, if CTC                     

**To be accomplished under substituted filing**

<p>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.</p> <p><b>53</b> <u>EDENREY RAMOS</u> <i>Edenrey Ramos</i> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>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.</p> <p><b>54</b> <u>DEGAMO, JUSTINE JOY GOSARIN</u> Employee Signature over Printed Name</p>
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)