



BIR Form No. <h1 style="margin: 0;">2316</h1> January 2018 (ENC5)	<h2 style="margin: 0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 01/18ENC5
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

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

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.

<b>51</b> <u>EDENREY RAMOS</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed
<b>CONFORME:</b>	
<b>52</b> <u>Jugno Jaepee Delos Reyes</u> Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Date Issued
Place of Issue	Amount paid, if CTC

**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. <b>53</b> <u>EDENREY RAMOS</u> 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. <b>54</b> <u>Jugno Jaepee Delos Reyes</u> Employee Signature over Printed Name
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)