

For BIR Use Only BCS/ Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316

Certificate of Compensation
Payment/Tax Withheld



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

1 For the Year (YYYY) <div>2025</div>	2 For the Period From (MM/DD) <div>0101</div> To (MM/DD) <div>0406</div>
Part I - Employee Information	
3 TIN <div>660-857-879-0000</div>	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
4 Employee's Name (Last Name, First Name, Middle Name) <div>Ongingco, Limuel, Agang</div>	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount
5 RDO Code <div></div>	29 Basic Salary (including the exempt P250,000 below) or the Statutory Minimum Wage of the MWE <div></div>
6 Registered Address <div></div>	30 Holiday Pay (MWE) <div></div>
6A ZIP Code <div></div>	31 Overtime Pay (MWE) <div></div>
6B Local Home Address <div></div>	32 Night Shift Differential (MWE) <div></div>
6C ZIP Code <div></div>	33 Hazard Pay (MWE) <div></div>
6D Foreign Address <div></div>	34 13th Month Pay and Other Benefits (maximum of P90,000) <div>6,024.87</div>
7 Date of Birth (MM/DD/YYYY) <div>06122002</div>	35 De Minimis Benefits <div>7,356.32</div>
8 Contact Number <div></div>	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <div>5,270.20</div>
9 Statutory Minimum Wage rate per day <div></div>	37 Salaries and Other Forms of Compensation <div>0.00</div>
10 Statutory Minimum Wage rate per month <div></div>	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <div>18,651.40</div>
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	B. TAXABLE COMPENSATION INCOME REGULAR
Part II - Employer Information (Present)	
12 TIN <div>205-366-921-0000</div>	39 Basic Salary <div>46,003.68</div>
13 Employer's Name <div>CONCENTRIX CVG PHILIPPINES, INC.</div>	40 Representation <div></div>
14 Registered Address <div>GF 14th to 25th Flr 6798 Ayal</div>	41 Transportation <div></div>
14A ZIP Code <div>1226</div>	42 Cost of Living Allowance (COLA) <div></div>
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	43 Fixed Housing Allowance <div></div>
Part III - Employer Information (Previous)	
16 TIN <div></div>	44 Others (specify) <div>44A <div></div></div> <div>44B <div></div></div>
17 Employer's Name <div></div>	SUPPLEMENTARY
18 Registered Address <div>GF 14th to 25th Flr 6798 Ayal</div>	45 Commission <div></div>
18A ZIP Code <div></div>	46 Profit Sharing <div></div>
Part IVA - Summary	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <div>70,172.32</div>	47 Fees Including Director's Fees <div></div>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <div>18,651.40</div>	48 Taxable 13th Month Benefits <div>0.00</div>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <div>51,520.92</div>	49 Hazard Pay <div></div>
22 Add: Taxable Compensation Income from Previous Employer, if applicable <div>0.00</div>	50 Overtime Pay <div></div>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <div>51,520.92</div>	51 Others (specify) <div>OTHER TAXABLE INCOME</div>
24 Tax Due <div>0.00</div>	51A <div></div>
25 Amount of Taxes Withheld 25A Present Employer <div>0.00</div>	51B <div></div>
25B Previous Employer, if applicable <div>0.00</div>	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <div>51,520.92</div>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <div>0.00</div>	
27 5% Tax Credit (PERA Act of 2008) <div></div>	
28 Total Taxes Withheld (Sum of Items 26 and 27) <div>0.00</div>	

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.

53 EDENREY RAMOS Present Employer/Authorized Agent Signature over Printed Name	Date Signed <div></div>
CONFORME: 54 Ongingco Limuel Agang Employee Signature over Printed Name	Date Signed <div></div>
CTC/Valid ID No. of Employee <div></div>	Place of Issue <div></div>
	Date Issued <div></div>
	Amount paid, if CTC <div></div>

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. 55 EDENREY RAMOS 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. 56 Ongingco Limuel Agang Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)