




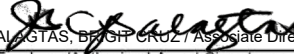
BIR Form No. <b>2316</b> September 2021(ENCS)		<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld		 2316 9/21ENCS	
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 2 0 2 4		2 For the Period From (MM/DD) 0 9 1 3 To (MM/DD) 1 2 3 1	
<b>Part I - Employee Information</b>			
3 TIN 6 5 8 - 1 5 4 - 6 1 2 - 0 0 0 0 0		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
4 Employee's Name (Last Name, First Name, Middle Name) KYATANAVAR, ANNAPPA .		5 RDO Code 1 2 6	
6 Registered Address C/O COGNIZANT TECHNOLOGY SOLUTIONS PHILIPPINES, INC.		6A ZIP Code	
6B Local Home Address C/O COGNIZANT TECHNOLOGY SOLUTIONS PHILIPPINES, INC.		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) 0 5 2 5 1 9 9 9		8 Contact Number	
9 Statutory Minimum Wage rate per day		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
10 Statutory Minimum Wage rate per month		Amount	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
<b>Part II - Employer Information (Present)</b>		30 Holiday Pay (MWE) 0.00	
12 TIN 0 0 6 - 9 3 4 - 0 3 4 - 0 0 0 0 0		31 Overtime Pay (MWE) 0.00	
13 Employer's Name COGNIZANT TECHNOLOGY SOLUTIONS PHILIPPINES INC.		32 Night Shift Differential (MWE) 0.00	
14 Registered Address 2F Science Hub Tower 4 Campus Avenue, McKinley Hills, Fort Bonifacio, Taguig City Philippines 1634		33 Hazard Pay (MWE) 0.00	
14A ZIP Code 1 6 3 4		34 13th Month Pay and Other Benefits (maximum of P90,000) 6,904.74	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		35 De Minimis Benefits 7,729.90	
<b>Part III - Employer Information (Previous)</b>		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 6,536.72	
16 TIN		37 Salaries and Other Forms of Compensation 0.00	
17 Employer's Name		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 21,171.36	
18 Registered Address		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
18A ZIP Code		39 Basic Salary 64,786.44	
<b>Part IVA - Summary</b>		40 Representation 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 281,944.47		41 Transportation 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 21,171.36		42 Cost of Living Allowance (COLA) 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 260,773.11		43 Fixed Housing Allowance 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		44 Others (specify)	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 260,773.11		44A 0.00	
24 Tax Due 1,615.97		44B 0.00	
25 Amount of Taxes Withheld		<b>SUPPLEMENTARY</b>	
25A Present Employer 1,615.97		45 Commission 0.00	
25B Previous Employer, if applicable 0.00		46 Profit Sharing 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 1,615.97		47 Fees Including Director's Fees 0.00	
27 5% Tax Credit (PERA Act of 2008) 0.00		48 Taxable 13th Month Benefits 0.00	
28 Total Taxes Withheld (Sum of Items 26 and 27) 1,615.97		49 Hazard Pay 0.00	
		50 Overtime Pay 7,182.69	
		51 Others (specify)	
		51A Salaries and other form of compensation 188,803.98	
		51B 0.00	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 260,773.11	

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  BALAGTAS, BRIGIT CRUZ / Associate Director - HR Present Employer/Authorized Agent Signature over Printed Name		Date Signed	
<b>CONFORME:</b>			
54 KYATANAVAR, ANNAPPA . Employee Signature over Printed Name		Date Signed	
CTC/Valid ID No. of Employee		Date Issued	
Place of Issue		Amount paid, if CTC	

<b>To be accomplished under substituted filing</b>	
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  BALAGTAS, BRIGIT CRUZ / Associate Director - HR 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 KYATANAVAR, ANNAPPA . Employee Signature over Printed Name	

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)