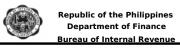
For BIR BCS/ Use Only Item:



BIR Form No. **2316** 

## Certificate of Compensation Payment/Tax Withheld



| January 2018 (ENCS) For Compensation Payment With or Without Tax Withheld 2316 01/18ENCS   |   |
|--|---|
| Fill in all applicable spaces. Mark all appropriate boxes with an "X".   | 2 For the Period 0 8 0 7 1 0 2 4  |
| 1 For the Year (YYYY) 2 0 2 3  | From (MM/DD) To (MM/DD) 1 0 2 4   |
| Part I - Employee Information  | Part IV-B Details of Compensation Income & Tax Withheld from Present Employer   |
| 3 TIN 3 2 5 - 7 0 5 - 0 5 2 - 0 0 0 0  | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount  |
| 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Pureza, Revi, Garcia   | 27 Basic Salary (including the exempt P250‰0Đelow) or the Statutory Minimum Wage of the MWE   |
|  | 28 Holiday Pay (MWE)  |
| 6 Registered Address 6A ZIP Code   | 29 Overtime Pay (MWE)   |
| 6B Local Home Address 6C ZIP Code  |   |
|  | 30 Night Shift Differential (MWE)   |
| 6D Foreign Address   | 31 Hazard Pay (MWE)   |
| 7 Date of Birth (MM/DD/YYY) 8 Contact Number   | 32 13th Month Pay and Other Benefits 4,452.24   |
| 0,40,41,9,9,5  | 33 De Minimis Benefits 8,247.37   |
| 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   | 35 Salaries and Other Forms of Compensation   |
| Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax  | 36 Total Non-Taxable/Exempt Compensation 16,533.66  |
| Part II - Employer Information (Present)  12 TIN   | Income (Sum of Items 27 to 35)  |
| [2,0,3,2,3,2,3,2,2,2,2,3,0,0,0,0,0,0,0,0,  | B. TAXABLE COMPENSATION INCOME REGULAR  |
| 13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.  | 37 Basic Salary 47,704.97   |
| 14 Registered Address       14A ZIP Code         GF 14th to 25th Fir 6798 Ayal       1, 2, 2, 6  | 38 Representation   |
|  | 39 Transportation   |
| 15 Type of Employer X Main Employer Secondary Employer  Part III - Employer Information (Previous)   | 40 Cost of Living Allowance (COLA)  |
| 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  70,560.46   | 42 Commission   |
| Employer (Sum of Items 36 and 50)  | 44 Profit Sharing   |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)   |   |
| 21 Taxable Compensation Income from Present 54,026.81  |   |
| Employer (Item 19 Less Item 20) (From Item 50)  22 Add: Taxable Compensation Income from  0.00   | 46 Taxable 13th Month Benefits  |
| Previous Employer, if applicable   | 47 Hazard Pay   |
| 23 Gross Taxable Compensation Income 54,026.81   |   |
| <b>24</b> Tax Due <b>0.00</b>  |   |
| 25 Amount of Taxes Withheld 0.00   | 49 Others (specify)  49A OTHER TAXABLE INCOME 6,321.84  |
| 25A Present Employer 25B Previous Employer, if applicable 0.00   | 498   |
| 26 Total Amount of Taxes Withheld as adjusted 0.00   | 50 Total Taxable Compensation Income 54,026.81  |
| (Sum of Items 25A and 25B)  I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by  | (Sum of Items 37 to 49B) 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 Manus Date Signed   |   |
| Present Employer/Authorized Agent Signature over Printed Name  |   |
| CONFORME:  52 Pure Za Revi Garcia  Date Signed  1 1 17 2023  |   |
| Employee Signatur voer Printed Name CTC/Valid ID No. Place of  | Amount paid, if CTC  Date Issued  |
| of Employee Issue  |   |
| To be accomplished under substituted filing  I declare, under the penalties of perjury that the information herein stated are  I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return   |   |
| reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.   | (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 BIR shall constitute as my income tax return; and that BIR |
| 53   | Form No. 2316 shall serve the same purpose at if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as a population  |
| Present Employer/Authorized Agent Signature over Printed Name<br>(Head of Accounting/Human Resource or Authorized Representative)  | 54 Pureza Revi Garcia   |