




BIR Form No. 2316 January 2018 (ENCs)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 01/18ENCs	
Fill in all applicable spaces. Mark all appropriate boxes with an "X".					
1 For the Year (YYYY) <div>2023</div>		2 For the Period From (MM/DD) <div>0101</div>		To (MM/DD) <div>0126</div>	
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN <div>269-636-042-0000</div>		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount			
4 Employee's Name (Last Name, First Name, Middle Name) Frigillana, Rachel Ann, Alfaro		5 RDO Code <div></div>		27 Basic Salary (including the exempt P250,000 below) or the Statutory Minimum Wage of the MWE <div></div>	
6 Registered Address <div></div>		6A ZIP Code <div></div>		28 Holiday Pay (MWE) <div></div>	
6B Local Home Address <div></div>		6C ZIP Code <div></div>		29 Overtime Pay (MWE) <div></div>	
6D Foreign Address <div></div>				30 Night Shift Differential (MWE) <div></div>	
7 Date of Birth (MM/DD/YYYY) <div>10201989</div>		8 Contact Number <div></div>		31 Hazard Pay (MWE) <div></div>	
9 Statutory Minimum Wage rate per day <div></div>				32 13th Month Pay and Other Benefits (maximum of P90,000) <div>14,345.51</div>	
10 Statutory Minimum Wage rate per month <div></div>				33 De Minimis Benefits <div>1,747.13</div>	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <div>2,431.93</div>	
Part II - Employer Information (Present)				35 Salaries and Other Forms of Compensation <div>0.00</div>	
12 TIN <div>216-697-325-0000</div>				36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <div>18,524.57</div>	
13 Employer's Name CONCENTRIX SERVICES CORPORATION				B. TAXABLE COMPENSATION INCOME REGULAR	
14 Registered Address <div></div>		14A ZIP Code <div>1110</div>		37 Basic Salary <div>15,495.35</div>	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				38 Representation <div></div>	
Part III - Employer Information (Previous)				39 Transportation <div></div>	
16 TIN <div></div>				40 Cost of Living Allowance (COLA) <div></div>	
17 Employer's Name <div></div>				41 Fixed Housing Allowance <div></div>	
18 Registered Address 18th, 20th, 21st Tera Tower Br		18A ZIP Code <div></div>		42 Others (specify) <div></div>	
Part IVA - Summary				42A <div></div>	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <div>37,077.39</div>				42B <div></div>	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <div>18,524.57</div>				SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <div>18,552.82</div>				43 Commission <div></div>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <div>0.00</div>				44 Profit Sharing <div></div>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <div>18,552.82</div>				45 Fees Including Director's Fees <div></div>	
24 Tax Due <div>0.00</div>				46 Taxable 13th Month Benefits <div>0.00</div>	
25 Amount of Taxes Withheld 25A Present Employer <div>0.00</div>				47 Hazard Pay <div></div>	
25B Previous Employer, if applicable <div>0.00</div>				48 Overtime Pay <div></div>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <div>0.00</div>				49 Others (specify) <div></div>	
				49A OTHER TAXABLE INCOME <div>3,057.47</div>	
				49B <div></div>	
				50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <div>18,552.82</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.					
51 EDENREY RAMOS Present Employer/Authorized Agent Signature over Printed Name		Date Signed <div></div>			
CONFORME: 52 Frigillana Rachel Ann Alfaro 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. 53 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. 54 Frigillana Rachel Ann Alfaro Employee Signature over Printed Name		