



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) **2022**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

**Part I - Employee Information**

3 TIN **258 095 718 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **SACEDA, KARLA JOYCE L** 5 RDO Code **080**

6 Registered Address **RIVERSIDE VENUS ST TISA HILLS VILLAGE TISA** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **11 18 1981** 8 Telephone Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11  Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

**Part II - Employer Information (Present)**

12 Taxpayer **009 911 293 0000**

13 Employer's Name **SAGECENTS INC.**

14 Registered Address **ROOM 303 TULIPS CENTER AS FORTUNA ST** 14A Zip Code **6014**

15 Type of Employer  Main Employer  Secondary Employer

**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **433,599.88**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **90,166.28**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **343,433.60**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **343,433.60**

24 Tax Due **18,686.72**

25 Amount of Taxes Withheld 25A Present Employer **15,883.21**

25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **15,883.21**

**Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

|  | Amount    |
|--|-----------|
| 27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) | 0.00      |
| 28 Holiday Pay (MWE)   | 0.00      |
| 29 Overtime Pay (MWE)  | 0.00      |
| 30 Night Shift Differential (MWE)  | 0.00      |
| 31 Hazard Pay (MWE)  | 0.00      |
| 32 13th Month Pay and Other Benefits (maximum of P90,000)                                  | 34,302.99 |
| 33 De Minimis Benefits   | 34,650.00 |
| 34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)           | 21,213.29 |
| 35 Salaries & Other Forms of Compensation  | 0.00      |
| 36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)                    | 90,166.28 |

**B. TAXABLE COMPENSATION INCOME REGULAR**

|                                    |            |
|------------------------------------|------------|
| 37 Basic Salary                    | 343,433.60 |
| 38 Representation                  |            |
| 39 Transportation                  |            |
| 40 Cost of Living Allowance (COLA) |            |
| 41 Fixed Housing Allowance         |            |
| 42 Others (Specify)                |            |
| 42A                                | 0.00       |
| 42B                                |            |

**SUPPLEMENTARY**

|  |            |
|--|------------|
| 43 Commission  |            |
| 44 Profit Sharing  |            |
| 45 Fees Including Director's Fees                              |            |
| 46 Taxable 13th Month Pay Benefits                             | 0.00       |
| 47 Hazard Pay  |            |
| 48 Overtime Pay  |            |
| 49 Others (Specify)  |            |
| 49A  |            |
| 49B  |            |
| 50 Total Taxable Compensation Income (Sum of Items 37 and 49B) | 343,433.60 |

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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 **GLEND A. MELECIO**  
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed **01 19 2023**

CONFORME:

**KARLA JOYCE L SACEDA**

52 Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No. of Employee **06 2255321 0** Place of Issue

Date 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. 1604C which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (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.

53 **GLEND A. MELECIO**  
Present Employer/ Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

54 **KARLA JOYCE L SACEDA**  
Employee Signature Over Printed Name

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