

2316

September 2021 (ENCL)

**Certificate of Compensation  
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 (2021) (ENCL)

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

1 For the Year (YYYY) **2 0 2 1** 3 For the Period (From MM/YY) **0 1 0 1** To (MM/YY) **0 8 2 1**

**Part I - Employee Information**

2 TIN **0 0 0 - 0 0 0 - 0 0 0 0 - 0 0 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **MANANGA, MARY ANGELENE AMOZA** 5 FOC Code

6 Registered Address **CG 24 KES ADA, INC.** 6A ZIP Code

8 Local Home Address **CG 24 KES ADA, INC.** 8C ZIP Code

60 Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 6 2 7 2 0 0 2** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

**Part II Details of Compensation Income & Tax Withheld from Present Employer**

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

	Amount
29 Basic Salary (including the exempt P300.00 & bonus or the Statutory Minimum Wage of the MWE)	97,489.07
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (Maximum of P30,000)	6,109.75
35 De Minimis Benefits	23,152.68
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	9,342.50
37 Salaries and Other Forms of Compensation	7,842.80
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	145,936.80

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

12 TIN **0 0 5 - 0 5 7 - 1 8 1 - 0 0 0 0**

13 Employer's Name **FOUNDER ADA, INC.**

14 Registered Address **134 P. Sta. Rita Corporate Tower 1, Palm Jivert, Ayala Center, Manila City, Philippines** 14A ZIP Code **1 2 2 4**

15 Type of Employer  Main Employer  Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	0.00
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Food Housing Allowance	0.00
44 Others (specify)	0.00
45A	0.00
45B	0.00

**Part IV - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 39 and 40)	145,936.80
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	145,936.80
21 Taxable Compensation Income from Present Employer (Less Less Item 20) (From Item 39)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Sum of Items 26 and 27)	0.00

We declare, under the penalties of perjury that this certificate has been made to good faith, rendered by means, and to the best of my/her 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/her information as compensation under the Data Privacy Act of 2012 (RA 10173) for legitimate and lawful purposes.

53 PORTULLA, RONALD PARRADA Director/TT - Tax Compliance  
Present Employer/Authorized Agent Signature over Printed Name Date Signed **0 1 3 1 2 0 2 4**

54 MANANGA, MARY ANGELENE AMOZA  
Employee Signature over Printed Name Date Signed \_\_\_\_\_ Amount paid, if CTC

CTD/Void ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_

**To be accomplished under substituted filing**

I declare, under the penalties of perjury that the information herein stated is reported under BIR Form No. 1024-C which has been filed with the Bureau of Internal Revenue.

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 Employee Signature over Printed Name