



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2019 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/19ENCS

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

1 For the Year (YYYY)	2023	2 For the Period From (MM/CC)	01/01	To (MM/CC)	08/30
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Part I - Employee Information

3 TIN: 326 956 301 9000

4 Employee's Name (Last Name, First Name, Middle Name) **CRUZ, SARAH KAY SARMIENTO** B ID# 081

5 Registered Address: SA Zip Code

6 Local Home Address: NC Zip Code

7 Date of Birth (MM/DD/YYYY)

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 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 A 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)	38,601.29
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & Pag-IBIG Contributions and Union Dues (Employee share only)	6,912.50
35 Salaries & Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	45,513.79

Part II - Employer Information (Present)

12 Taxpayer: 250 369 009 9005

13 Employer's Name: **SSG APAC, INC.**

14 Registered Address: 14A Zip Code
3F SKYRISE ALPHA BLDG SAMAR LOOP CDR. 8000

15 Type of Employer: Man-Employee Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	92,488.82
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	0.00
42B	

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address: 18A Zip Code

Part IV-A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	138,002.61
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	45,513.79
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 36)	92,488.82
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	92,488.82
24 Tax Due	0.00
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

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)	92,488.82

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 (RA No. 10173) for legitimate and lawful purposes.

51 **MARIA LOURDES S. BELLO**
Present Employer Authorized Agent Signature Over Printed Name
Date Signed: _____

52 **SARAH KAY SARMIENTO CRUZ**
Employee Signature Over Printed Name
Date Signed: _____
Date of Issue: _____
Amount Paid (P/CTC): _____

CTC/Valid ID # _____ Place of Issue _____

I declare, under the penalties of perjury, that the information herein stated was reported under BIR Form No. 1094-C which has been filed with the Bureau of Internal Revenue.

53 **MARIA LOURDES S. BELLO**
Present Employer Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resources or Authorized Representative)
Date Signed: _____

54 **SARAH KAY SARMIENTO CRUZ**
Employee Signature Over Printed Name