



BIR Form No. 2316

September 2021 (ENC5)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 3/2 ENC5

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

1 For the Year (YYYY) 2 0 2 4 2 For the Period From (MM/YY) 0 7 3 0 To (MM/YY) 1 2 3 1

Part I - Employee Information 3 TIN 3 2 2 - 8 2 5 - 8 4 5 - 0 0 0 0 0 4 Employee's Name (Last Name, First Name, Middle Name) FLORES, ANGELICA 5 RDO Code 0 4 3 6 Registered Address Minglanilla, Tulay 6A ZIP Code 6B Local Home Address Minglanilla, Tulay 6C ZIP Code 6D Foreign Address 7 Date of Birth (MM/DD/YYYY) 0 2 0 9 1 9 9 5 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 - Employer Information (Present) 12 TIN 6 1 2 - 3 5 0 - 6 5 1 - 0 0 0 0 13 Employer's Name PURPLE HUB, INC 14 Registered Address Unit 602, 6F THE WEST WING, THE ESTANCIA OFFICES, MERALCO AVENUE, ORANBO, PASIG CITY 14A ZIP Code 1 6 0 0 16 Type of Employer X 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 29 and 37) 97,245.76 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 97,245.76 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 32) 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 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

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 74,508.54 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 P50,000) 6,497.32 35 De Minimis Benefits 9,309.90 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 6,930.00 37 Salaries and Other Forms of Compensation 0.00 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 97,245.76 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 Fixed Housing Allowance 0.00 44 Others (specify) 44A 0.00 44B 0.00 SUPPLEMENTARY 45 Commission 0.00 46 Profit Sharing 0.00 47 Fees Including Director's Fees 0.00 48 Taxable 13th Month Benefits 0.00 49 Hazard Pay 0.00 50 Overtime Pay 0.00 51 Others (specify) 51A Salaries and other form of compensation 0.00 51B 0.00 52 Total Taxable Compensation Income (Sum of Items 39 to 51E) 0.00

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.

53 LADYZHENSKA, KATERYNA / President Present Employer/Authorized Agent Signature over Printed Name Date Signed 54 FLORES, ANGELICA Employee Signature over Printed Name Date Signed Amount paid, if CTC of Employee Place of Issue Date Issued

To be accomplished under substituted filing I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1004-C which has been filed with the Bureau of Internal Revenue. Kateryna Ladushenska LADYZHENSKA, KATERYNA / President Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting) Human Resource or Authorized Representative 55 FLORES, ANGELICA Employee Signature over Printed Name

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