



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18/ENC5

BIR Form No.

2316

January 2018 (ENC5)

1 For the Year (YYYY) **2021** 2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I - Employee Information

3 TIN: **385 723 576 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **SAYSON, DENISE AMANDINE** 5 RDO Code **081**

6 Registered Address _____ 6A Zip Code _____

6B Local Home Address _____ 6C Zip Code _____

6D Foreign Address _____ 6E 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 & 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)	9,306.00
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	8,300.00
35 Salaries & Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	17,606.00

Part II - Employer Information (Present)

12 Taxpayer: **008 507 247 0000**

13 Employer's Name: **BRIDGECULTURE INC**

14 Registered Address: **SPACE 20 GAGFA IT CENTER CABAHUG** 14A Zip Code: **6000**

15 Type of Employer: Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	186,998.91
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: _____

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)	186,998.91

Part IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **204,604.91**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **17,606.00**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **186,998.91**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **186,998.91**

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**

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) **186,998.91**

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 **CHERRY KAYE A. ROBLE**
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME: **DENISE AMANDINE SAYSON**

52 _____
Employee Signature Over Printed Name

CTC/Valid ID No. of Employee _____ Place of Issue _____

Date Signed _____

Date Signed _____

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

53 **CHERRY KAYE A. ROBLE**
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 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

54 **DENISE AMANDINE SAYSON**
Employee Signature Over Printed Name

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