

BIR Form No. 2316 January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY)	2022	порпац	e boxes v	with an	1X		e Period	01 (11		03 02
	mployee In	formatic	n .			THE RESERVE TO SHARE THE PARTY OF THE PARTY	rom (MM/DD)			To (MM/DD)	
3 TIN						Part	IV-B Details of Compensation	on Income and	Tax Wi	thheld from Present	Employer
	748	673	28		0000		TAXABLE/EXEMPT COM	MPENSATION	INCO	ME	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code COMENDADOR, CHRISTIAN RAY 081							Salary(including the exen	9	Amoun		
6 Degistered Address						of the	Statutory Minimum Wage		CI	0.00	
6A Zip Code						28 Holida	ay Pay (MWE)			0.00	
D1						29 Overt	ime Pay (MWE)				0.00
6B Local Home Address 6C Zip Code							Night Shift Differential (MWE)			0.00	
CD F						30 Night	Shift Differential (MVVE)				0.00
6D Foreign Address 6E Zip Code						31 Hazai	d Pay (MWE)			0.00	
7 Date of Dieth (UNI/DD00000)						32 13th /	Month Pay and Other Bene	efits	-		0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number							mum of P90,000) inimis Benefits		-		0.00
		L				33 De M	illitiis benenis				0.00
9 Statutory Minimum Wage rate per day 0.00							GSIS, PHIC & Pag-ibig Co Inion Dues (Employee sha				0.00
10 Statutory Minimum Wage rate per month 0.00						35 Solari	es & Other Forms of Com				0.00
11 X Minimum Wage Earner	whose com	paneatic	n is aven	not feem			N 7		-		0.00
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax							Non-Taxable/Exempt Corr ie (Sum of Items 27 to 35)				0.00
	mployer In			ent)		1	(04111 01 1101110 27 10 00)				
12 Taxpayer	008	507	24	47	0000	B. TAXA	BLE COMPENSATION IN	COME REGI	JLAR		
13 Employer's Name						37 Basic	Salary				25,934.62
BRIDGECULTURE INC						38 Repre	eentation		_		25,954.02
14 Registered Address				14	4A Zip Code						
SPACE 20 GAGFA IT CENTER CABAHUG 6000						39 Trans	portation				
15 Type of Employer Main Employer Secondary Employer						40 Cost	of Living Allowance (COLA	()			
Part III - Emp	olover Infor	mation	Previous	s)		41 Fixed	Housing Allowance				
Part III - Employer Information (Previous) 16 TIN						1					
17 Employer's Name						42A	s (Specify)				
						400					0.00
18 Registered Address				18	8A Zip Code	42B					
						CUDE	LEMENTARY				
	Part IVA	- Summ	ary]					
19 Gross Compensation Income from Employer (Sum of Items 36 and 50					25,934.6	43 Comn	nission				
20 Less: Total Non-Taxable/Exempt	Compensatio	on			0.00	44 Profit	Sharing				
Income from Present Employer (F 21 Taxable Compensation Income from		-					Including Director's Fees				
Employer (Item 19 Less Item 20) (From Item 50)			25,934.62						
22 Add: Taxable Compensation Incor Previous Employer, if applicable	me from				0.00	46 Taxab	le 13th Month Pay Benefits	S			0.00
23 Gross Taxable Compensation	Income				25,934.62	47 Hazar	d Pay				
(Sum of Items 21 and 22) 24 Tax Due		-				100	me Pav				
		L			0.00						
25 Amount of Taxes Withheld 25A Present Employer					0.00	49 Others	(Specify)				
		-									
25B Previous Employer					0.00						
26 Total Amount of Taxes Withheld a (Sum of Items 25A and 25B)	s adjusted				0.00		Taxable Compensation Inc of Items 37 and 49B)	ome			25,934.62
I/We declare, under the pena	ities of perjur	y, that this	certificate	has been	n made in good	faith, verified	by us, and to the best of my/or	ur knowledge an	d belief,	is true and correct pu	irsuant to
the provisions of the National Inter as contemplated under the *Data I	nal Revenue	Code, as	amended, a	and the n	regulations issu	ed under auth	ority thereof, Further, I/we give	my/our consen	to the p	rocessing of my/our i	nformation
	V		_	73/10/16	gittinate and lav	iui pui puses.					
51 ED MARE Present Employer/ A		_		Printed No	eme	Date Signed					- 1
Present Employer/	dunojized Ag	jent olgna	idie Over F	TITLE COLOR	aniu	Date Oignet					
CONFORME:	TIAN RAY	COME	NDADOE	R							
52						Date Signed					
	yee Signatur	e Over Proplete	inted Name	9		Date of Issu			_	Amount Paid	, if CTC
CTC/Valid ID N of Employee		ssue									
	dum. that the	informati					ostituted filing nder the penalties of perjury th	not I am qualific	Lunder	substituted films of	
I declare, under the penalties of per under BIR Form No. 1604C which has							Returns(BIR Form No. 1700),				e
						from only o	rom 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;				
Present Employer/ Autho						and that BIF	Form No. 2316 shall serve the	he same purpos	e as if B	IR Form No. 1700	
(Head of Accounting/ Huma	an Resource	or Author	ized Repres	esentative	9)	has been fil	ed pursuant to the provisions	of Revenue Reg N RAY COM			amended.
						5-	4				_
		_					Employee S	Signature Over	Printed I	Vame	