



BIR Form No.
2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the Year (YYYY)

2 For the Period From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN - - -

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 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 IV-B Details of Compensation Income & Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
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 P90,000)	86,913.31
35 De Minimis Benefits	26,604.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	20,661.57
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	134,178.88

Part II - Employer Information (Present)

12 TIN - - -

13 Employer's Name

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	248,791.22
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 <input type="text" value="0.00"/>	0.00
44B <input type="text" value="0.00"/>	0.00

Part III - Employer Information (Previous)

16 TIN - - -

17 Employer's Name

18 Registered Address 18A ZIP Code

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 <input type="text" value="0.00"/>	0.00
51B <input type="text" value="0.00"/>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	248,791.22

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	382,970.10
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	134,178.88
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	248,791.22
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	248,791.22
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

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 Javier, Marissa Solis Present Employer/Authorized Agent Signature over Printed Name Date Signed

54 CARABUENA,VEBERLYN GUEGUERA Employee Signature over Printed Name Date Signed Amount paid, if CTC

CTC/Valid ID No. 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. 1604-C which has been filed with the Bureau of Internal Revenue.

55 Javier, Marissa Solis 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 Return (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.

56 CARABUENA,VEBERLYN GUEGUERA Employee Signature over Printed Name

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



Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 2010-894
City/Municipality Lapu-Lapu City

1. NAME (First) (Middle) (Last)
Jelena Verneene Gueguera Carabuena

2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
3 February 2010

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Mactan Doctors' Hospital Basek Lapu-Lapu City Cebu

5a. TYPE OF BIRTH X 1 Single 2 Twin
3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second
3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
1st (first, second, third, etc.)
d. WEIGHT AT BIRTH
2,600 grams

6. MAIDEN NAME (First) (Middle) (Last)
Veberlyn Gueguera Carabuena

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0

10. OCCUPATION Call Center Agent 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Aviation Rd. Pajac Banger Lapu-Lapu City Cebu

13. NAME (First) (Middle) (Last)
N/A

14. CITIZENSHIP N/A 15. RELIGION N/A

16. OCCUPATION N/A 17. Age at the time of this birth: N/A years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
N/A

19a. ATTENDANT
X 1 Physician X 2 Nurse X 3 Midwife
4 Mid (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:33 o'clock
am/pm on the date stated above.

Signature [Signature] Address Mactan Doctors' Hospital Basek Lapu-Lapu City Cebu
Name in Print Elsine Marcia Manton, M.D.
Title or Position Attending Physician Date February 3, 2010

20. INFORMANT
Signature [Signature] Address Aviation Rd. Pajac, Banger, Lapu-Lapu City Cebu
Name in Print Veberlyn G. Carabuena
Relationship to the child Mother Date February 3, 2010

21. PREPARED BY
Signature [Signature]
Name in Print Mr. Darwin T. Yum
Title or Position Medical Records Clerk
Date February 3, 2010


22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print Cipriano D. Flores, M.D.
Title or Position City Civil Registrar
Date FEB 08 2010

For OCRG USE ONLY
Population Statistics
TO BE FILED IN OFFICE OF REGISTRAR
61
62
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CARABUENA, VEBERLYN GUEGUERA

SS Number: 06-1704104-1 | CRN Number: 0006-1704104-1

 Your password will expire on Mar 02, 2024 | Your last login was on Feb 22, 2024 12:15:43 PM thru the SSS Website

Loans - Statement of Account

- SALARY LOAN
- CALAMITY LOAN
- EDUCATIONAL LOAN
- LOAN RESTRUCTURING PROGRAM
- HOUSING LOAN

SALARY LOAN

Member Loan Information	
Loan Type	SALARY LOAN
Application Date	05-19-2021
Application filed at	SSS Web
Certifying Employer ID	06-1668368-8
Certifying Employer Name	ON SEMICONDUCTOR CEBU PHILIPPI
Loan Date	05-19-2021
Loan Amount	29,000.00
Voucher Number	L0210519BNK0093.00001
Account Number	6573657174140
Account Type	METROPOLITAN BANK AND TRUST COMPANY
Net Amount	23,010.22
Loan Month	2
Monthly Amortization	1,338.20
First Monthly Amortization	07-01-2021

Statement of Account for Loan Account No: 8L302100190729270 as of Feb 22, 2024

PAST DUE					
Principal		24,763.40			
Interest		5,421.33			
Penalty		4,221.59			
CURRENT DUE					
Principal		0.00			
Interest		0.00			
Penalty		0.00			
Total Amount Due		34,406.32			
Amount Not Yet Due					
Principal		0.00			
Interest		0.00			
Total Amount of Obligation		34,406.32			
Credited Payments					
Post Date	SBR/TR No.	SBR/TR Date	PAYMENT REFERENCE NUMBER	Employer Name	Amount
08/27/2021	F03021800150039	08/27/2021	R0210001227594	ON SEMICONDUCTOR CEBU PHILIPPI	1,338.20
09/29/2021	F03021800150135	09/29/2021	R0210001042148	ON SEMICONDUCTOR CEBU PHILIPPI	1,338.20
10/30/2021	F03021800150051	10/26/2021	R1210012290785	ON SEMICONDUCTOR CEBU PHILIPPI	1,338.20
11/26/2021	F03032000230075	11/26/2021	RJ210011629363	ON SEMICONDUCTOR CEBU PHILIPPI	1,338.20
01/05/2022	F03021800150026	12/27/2021	RK210011194691	ON SEMICONDUCTOR CEBU PHILIPPI	669.10
Total Payments					6,021.90

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