



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

1 For the Year (YYYY) **2024**

2 For the Period From (MM/DD) **06 01** To (MM/DD) **12 31**

Part I - Employee Information

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

3 TIN **657 475 677 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **REGIDOR, FABY CRESCCEL NACUA** 5 RDO Code **080**

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

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)		7,572.12
33 De Minimis Benefits		0.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)		7,500.00
35 Salaries & Other Forms of Compensation		0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		15,072.12

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 Taxpayer **758 573 113 0000**

13 Employer's Name **INNOCENTRIX PHILIPPINES OPC**

14 Registered Address **5TH FLOOR ADG I.T. CENTER LOPEZ JAENA,** 14A Zip Code **6014**

15 Type of Employer Main Employer Secondary Employer

37 Basic Salary	90,481.80
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)

SUPPLEMENTARY

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

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)	90,481.80

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	105,553.92
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	15,072.12
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	90,481.80
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	90,481.80
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

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 **MICHAEL CRIST T. SORDILLA,**
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:
52 **FABY CRESCCEL NACUA REGIDOR**
Employee Signature Over Printed Name

CTC/Valid ID N 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 **MICHAEL CRIST T. SORDILLA,**
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 **FABY CRESCCEL NACUA REGIDOR**
Employee Signature Over Printed Name

54 **FABY CRESCCEL NACUA REGIDOR**
Employee Signature Over Printed Name

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