

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS) For Compensation Payment With or Without Tax Withheld 2316 09/21 ENCS

1 For the Year (YYYY) 2024 2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31

Part I - Employee Information. Includes fields for TIN (620 708 985 0000), Employee's Name (ANGELITUD, MARY SHAIDEE L), RDO Code (121), Registered Address, Local Home Address, Foreign Address, Date of Birth, Telephone Number, and Statutory Minimum Wage rates (501.00 per day, 15,238.75 per month).

Part II - Employer Information (Present). Includes fields for Taxpayer (000 309 701 0000), Employer's Name (INTERNATIONAL PHARMACEUTICALS INC), Registered Address (B SUICO STREET TINGUB MANDAUE CITY CEBU), and Type of Employer (Main Employer).

Part III - Employer Information (Previous). Includes fields for TIN, Employer's Name, and Registered Address.

Part IVA - Summary. Table with 28 rows showing compensation and tax details. Key values: 19 Gross Compensation Income from Present Employer (234,551.64), 20 Less Total Non-Taxable/Exempt Compensation Income (234,551.64), 21 Taxable Compensation Income from Present Employer (0.00), 22 Add Taxable Compensation Income from Previous Employer (0.00), 23 Gross Taxable Compensation Income (0.00), 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 (0.00), 27 5% Tax Credit (PERA Act of 2008) (0.00), 28 Total Taxes Withheld (0.00).

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer. Section A: NON-TAXABLE/EXEMPT COMPENSATION INCOME. Includes items 29-37 and 38 Total Non-Taxable/Exempt Compensation Income (234,551.64).

Section B: TAXABLE COMPENSATION INCOME REGULAR. Includes items 39-44. Total Taxable Compensation Income (Sum of Items 39 to 51B) is 0.00.

SUPPLEMENTARY. Includes items 45-52. Total Taxable Compensation Income (Sum of Items 39 to 51B) is 0.00.

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" (RA No. 10173) for legitimate and lawful purposes.

Signature section. 51 Present Employer's Authorized Agent Signature Over Printed Name (LEMUEL S. PURISIMA), Date Signed (01 27 2025). 52 Employee Signature Over Printed Name (MARY SHAIDEE L ANGELITUD), Date Signed, CTC/Waid ID No., Place of Issue, Date of Issue, Amount Paid, if CTC.

To be accomplished under substituted filing. 53 Present Employer's Authorized Agent Signature Over Printed Name (LEMUEL S. PURISIMA), Head of Accounting/ Human Resource or Authorized Representative. 54 Employee Signature Over Printed Name (MARY SHAIDEE L ANGELITUD).

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