



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

BIR Form No. **2316**

September 2021 (ENCB)

2019-0021-ENC-3

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

For the Period From (MM/DD) **01 01** To (MM/DD) **03 05**

For the Year (YYYY) **2025**

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

Part I - Employee Information

3 TIN: **653 961 261 0000**

4 Employer's Name (Last Name, First Name, Middle Name): **SOCO, STEPHEN AMAMANGPANG**

5 RDO Code: **080**

6A Zip Code: _____

6B Local Home Address: _____

6C Zip Code: _____

6E Zip Code: _____

7 Date of Birth (MM/DD/YYYY): _____ 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
29 Basic Salary (including the exempt P250,000 & below of the Statutory Minimum Wage of the MWE)	27,304.50
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)	2,275.38
35 De Minimis Benefits	0.00
36 BSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	2,939.15
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	32,519.03

Part II - Employer Information (Present)

12 Taxpayer: **009 634 498 0000**

13 Employer's Name: **FIL EXPAT FUELS RESOURCES CORPORATION**

14 Registered Address: **PURUK SUNFLOWER RIZAL CENTER POBLACION**

14A Zip Code: **6002**

15 Type of Employer: Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	0.00
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (Specify)	
44A	0.00
44B	

Part III - Employer Information (Previous)

16 TIN: _____

17 Employer's Name: _____

18 Registered Address: _____

18A Zip Code: _____

SUPPLEMENTARY

45 Commission	
46 Profit Sharing	
47 Fees including Director's Fees	
48 Taxable 13th Month Pay Benefits	0.00
49 Hazard Pay	
50 Overtime Pay	
51 Others (Specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52): **32,519.03**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38): **32,519.03**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52): **0.00**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22): **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 (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 the information herein stated are correct, 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 10173) for legitimate and lawful purposes.

51 **WENDELL T. CASTRO**
Present Employer Authorized Agent Signature Over Printed Name

CONFORME:

52 **STEPHEN AMAMANGPANG SOCO**
Employee Signature Over Printed Name

CTC/Valid ID No. of Employee: **06-4806742-1** Place of Issue: _____

Date Signed: **04 04 2025**

Date Signed: _____

Date of Issue: _____

Amount Paid, if CTC: _____

I declare, under the penalties of perjury, that the information herein stated are correct under BIR Form No. 2316 which has been filed with the Bureau of Internal Revenue.

53 **WENDELL T. CASTRO**
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 surely compensation income from only one employer in the Philippines for the calendar year that taxed have been correctly withheld by my employer (tax due equals tax withheld), that the BIR Form No. 1004-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 Internal Revenue Code (IRC) No. 3-2002, as amended.

54 **STEPHEN AMAMANGPANG SOCO**
Employee Signature Over Printed Name

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