



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

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

1 For the Year (YYYY) **2023** 2 For the Period From (MM/DD) **07 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 **220 061 702 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **LABRADOR, ROY MICHAEL CELESIO** 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 Eamer whose compensation is exempt from withholding tax and not subject to income tax

29 Basic Salary (including the exempt P250,000 & below 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) **10,503.80**

35 De Minimis Benefits **0.00**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **8,523.00**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **19,026.80**

Part II - Employer Information (Present) **B. TAXABLE COMPENSATION INCOME REGULAR**

12 Taxpayer **429 706 813 0000**

13 Employer's Name **SAN GABRIEL INDUSTRIAL SOLUTIONS INC**

14 Registered Address **DOOR 8 LK BUILDING TIPOLO MANDAUE CITY** 14A Zip Code **6014**

15 Type of Employer Main Employer Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

39 Basic Salary **124,514.74**

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) **SUPPLEMENTARY**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **143,541.54**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **19,026.80**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **124,514.74**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **124,514.74**

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**

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) **124,514.74**

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 **JOSAM S EVA**
Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed **0 2 2 0 2 0 2 4**

CONFORME:

52 **ROY MICHAEL CELESIO LABRADOR**
Employee Signature Over Printed Name
Date Signed **0 2 2 0 2 0 2 4**

CTC/Valid ID No. of Employee **06429738** Place of Issue **Mandaue City** Date of Issue **0 1 1 0 2 0 2 4** Amount Paid, if CTC **149.00**

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated was reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue

53 **JOSAM S EVA**
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 **ROY MICHAEL CELESIO LABRADOR**
Employee Signature Over Printed Name

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