

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Form No. **2316**
September 2011 (ENCL)

For the Year (YYYY) **2023**

For the Period From (MM/CC) **01/01** To (MM/CC) **12/31**

For the Period From (MM/CC) **01/01** To (MM/CC) **12/31**

Part I - Employee Information

1 TIN: **209 163 535 0000**

2 Employer's Name (Last Name, First Name, Middle Name) & BIC Code:
MORECHO, RUDELE NAAGAS 054

3 Registered Address (SA Zip Code):
WAWA 2 ROSARIO CAVITE

4 Local Home Address (NC Zip Code):

5 Foreign Address (NE Zip Code):

6 Date of Birth (MM/DD/YYYY) & Telephone Number:
12 06 1980

7 Statutory Minimum Wage rate per day: **0.00**

8 Statutory Minimum Wage rate per month: **0.00**

9 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

10 Employer's Name:
KOHSEI MULTIPACK PHILIPPINES INC.

11 Registered Address (SA Zip Code):
LOT 3 BLOCK 2 PHASE 2 PEZA ROSARIO CAVITE 4106

12 Type of Employer: Main Employer Secondary Employer

Part III - Employer Information (Previous)

13 TIN:

14 Employer's Name:

15 Registered Address (SA Zip Code):

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

| Item | Amount |
|--|------------------|
| 29 Basic Salary (including the exempt P250,000 & 1st 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) | 16,839.36 |
| 35 De Minimis Benefits | 5,787.70 |
| 36 SSS, GSIS, PhilC & PAG-IBIG Contributions and Unicef Dues (Employee share only) | 15,020.82 |
| 37 Salaries and Other Forms of Compensation | 0.00 |
| Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 37,647.87 |

B. TAXABLE COMPENSATION INCOME REGULAR

| | |
|------------------------------------|------------|
| 38 Basic Salary | 158,957.06 |
| 39 Representation | |
| 40 Transportation | |
| 41 Cost of Living Allowance (COLA) | |
| 42 Fixed Housing Allowance | |
| 43 Others (Specify): | |
| 44A | 0.00 |
| 44B | |

SUPPLEMENTARY

| | |
|---|-------------------|
| 45 Commission | |
| 46 Profit Sharing | |
| 47 Fees including Director's Fees | |
| 48 Taxable 13th Month Pay Benefits | 5,787.70 |
| 49 Hazard Pay | |
| 50 Overtime Pay | |
| 51 Others (Specify): | |
| 51A | |
| 51B | |
| Total Taxable Compensation Income (Sum of Items 38 to 51B) | 164,744.76 |

Part IVA - Summary

16 Gross Compensation Income from Present Employer (Sum of Items 38 and 52): **202,392.63**

17 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36): **37,647.87**

18 Taxable Compensation Income from Present Employer (Item 16 Less Item 17) (From Item 52): **164,744.76**

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

20 Gross Taxable Compensation Income (Sum of Items 18 and 19): **164,744.76**

21 Tax Due: **0.00**

22 Amount of Taxes Withheld

23A Present Employer: **0.00**

23B Previous Employer: **0.00**

24 Total Amount of Taxes Withheld as required (Sum of Items 23A and 23B): **0.00**

25 3% Tax Credit (PERRA Act of 2008): **0.00**

26 Total Taxes Withheld (Sum of Items 24 and 25): **0.00**

27 I 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 in accordance with 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.

28 **ARMANDO V. BUENDIA**
Present Employer's Authorized Agent Signature Over Printed Name
Date Signed: **02/22/2024**

29 **RUDELE NAAGAS MORECHO**
Employee Signature Over Printed Name
Date Signed: **02/22/2024**

30 TIN: **36-22112290-0** Place of Issue: _____ Date of Issue: _____ Amount Paid: **0.00**

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1004-C which has been filed with the Bureau of Internal Revenue.

31 **ARMANDO V. BUENDIA**
Present Employer's 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/Returns from No. 1150, since I reported my/our compensation income from only one employer in the Philippines for the calendar year that these forms have been correctly withheld by the employer (as that would be withheld, that the BIR Form No. 1004-C filed by the employer to the BIR shall constitute as the income tax return, and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1150 has been filed pursuant to the provisions of Section 230.1150-1, 2302, as amended.

32 **RUDELE NAAGAS MORECHO**
Employee Signature Over Printed Name

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