



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) 01 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 176 224 062 0000
4 Employee's Name (Last Name, First Name, Middle Name) ONATE, VAL MUTOC
5 RDO Code 113
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 453.00
10 Statutory Minimum Wage rate per month 11,778.00
11 [X] Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Table with 2 columns: Description and Amount. Rows include: 29 Basic Salary (152,277.10), 30 Holiday Pay (4,983.00), 31 Overtime Pay (24,688.50), 32 Night Shift Differential (0.00), 33 Hazard Pay (0.00), 34 13th Month Pay and Other Benefits (11,476.00), 35 De Minimis Benefits (0.00), 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (10,506.72), 37 Salaries and Other Forms of Compensation (0.00), 38 Total Non-Taxable/Exempt Compensation Income (203,931.32)

Part II - Employer Information (Present)

12 Taxpayer 415 787 951 0000
13 Employer's Name VALDERRAMA AQUA- CULTURE, INC.
14 Registered Address PUROK 2 SIRAWAN TORIL DAVAO CITY
14A Zip Code 8000
15 Type of Employer [] Main Employer [] Secondary Employer

Table with 2 columns: Description and Amount. Rows include: 39 Basic Salary (0.00), 40 Representation, 41 Transportation, 42 Cost of Living Allowance (COLA), 43 Fixed Housing Allowance, 44 Others (Specify) 44A, 44B

Part III - Employer Information (Previous)

16 TIN
17 Employer's Name
18 Registered Address
18A Zip Code

Part IVA - Summary

Table with 2 columns: Description and Amount. Rows include: 19 Gross Compensation Income from Present Employer (203,931.32), 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (203,931.32), 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)

Table with 2 columns: Description and Amount. Rows include: 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 (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" (RA No. 10173) for legitimate and lawful purposes.

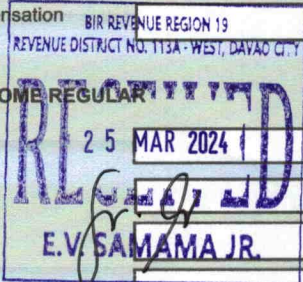
51 Present Employer/ Authorized Agent Signature Over Printed Name MARICHU G. SARIGUMBA
CONFORME: VAL MUTOC ONATE
Employee Signature Over Printed Name
CTC/Valid ID No. of Employee
Place of Issue

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 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.



State of Maryland
Department of Taxation
Bureau of Revenue
**Certificate of Compensation
Payment Tax Withheld**

Part II - Details of Compensation for the Year	
Code	Description
A	NON-TAXABLE EXEMPT COMPENSATION
18	Group-Term Life Insurance (GTLI) - 115
19	Group-Term Life Insurance (GTLI) - 115
20	Group-Term Life Insurance (GTLI) - 115
21	Group-Term Life Insurance (GTLI) - 115
22	Group-Term Life Insurance (GTLI) - 115
23	Group-Term Life Insurance (GTLI) - 115
24	Group-Term Life Insurance (GTLI) - 115
25	Group-Term Life Insurance (GTLI) - 115
26	Group-Term Life Insurance (GTLI) - 115
27	Group-Term Life Insurance (GTLI) - 115
28	Group-Term Life Insurance (GTLI) - 115
29	Group-Term Life Insurance (GTLI) - 115
30	Group-Term Life Insurance (GTLI) - 115
31	Group-Term Life Insurance (GTLI) - 115
32	Group-Term Life Insurance (GTLI) - 115
33	Group-Term Life Insurance (GTLI) - 115
34	Group-Term Life Insurance (GTLI) - 115
35	Group-Term Life Insurance (GTLI) - 115
36	Group-Term Life Insurance (GTLI) - 115
37	Group-Term Life Insurance (GTLI) - 115
38	Group-Term Life Insurance (GTLI) - 115
39	Group-Term Life Insurance (GTLI) - 115
40	Group-Term Life Insurance (GTLI) - 115
41	Group-Term Life Insurance (GTLI) - 115
42	Group-Term Life Insurance (GTLI) - 115
43	Group-Term Life Insurance (GTLI) - 115
44	Group-Term Life Insurance (GTLI) - 115
45	Group-Term Life Insurance (GTLI) - 115
46	Group-Term Life Insurance (GTLI) - 115
47	Group-Term Life Insurance (GTLI) - 115
48	Group-Term Life Insurance (GTLI) - 115
49	Group-Term Life Insurance (GTLI) - 115
50	Group-Term Life Insurance (GTLI) - 115
51	Group-Term Life Insurance (GTLI) - 115
52	Group-Term Life Insurance (GTLI) - 115
53	Group-Term Life Insurance (GTLI) - 115
54	Group-Term Life Insurance (GTLI) - 115
55	Group-Term Life Insurance (GTLI) - 115
56	Group-Term Life Insurance (GTLI) - 115
57	Group-Term Life Insurance (GTLI) - 115
58	Group-Term Life Insurance (GTLI) - 115
59	Group-Term Life Insurance (GTLI) - 115
60	Group-Term Life Insurance (GTLI) - 115
61	Group-Term Life Insurance (GTLI) - 115
62	Group-Term Life Insurance (GTLI) - 115
63	Group-Term Life Insurance (GTLI) - 115
64	Group-Term Life Insurance (GTLI) - 115
65	Group-Term Life Insurance (GTLI) - 115
66	Group-Term Life Insurance (GTLI) - 115
67	Group-Term Life Insurance (GTLI) - 115
68	Group-Term Life Insurance (GTLI) - 115
69	Group-Term Life Insurance (GTLI) - 115
70	Group-Term Life Insurance (GTLI) - 115
71	Group-Term Life Insurance (GTLI) - 115
72	Group-Term Life Insurance (GTLI) - 115
73	Group-Term Life Insurance (GTLI) - 115
74	Group-Term Life Insurance (GTLI) - 115
75	Group-Term Life Insurance (GTLI) - 115
76	Group-Term Life Insurance (GTLI) - 115
77	Group-Term Life Insurance (GTLI) - 115
78	Group-Term Life Insurance (GTLI) - 115
79	Group-Term Life Insurance (GTLI) - 115
80	Group-Term Life Insurance (GTLI) - 115
81	Group-Term Life Insurance (GTLI) - 115
82	Group-Term Life Insurance (GTLI) - 115
83	Group-Term Life Insurance (GTLI) - 115
84	Group-Term Life Insurance (GTLI) - 115
85	Group-Term Life Insurance (GTLI) - 115
86	Group-Term Life Insurance (GTLI) - 115
87	Group-Term Life Insurance (GTLI) - 115
88	Group-Term Life Insurance (GTLI) - 115
89	Group-Term Life Insurance (GTLI) - 115
90	Group-Term Life Insurance (GTLI) - 115
91	Group-Term Life Insurance (GTLI) - 115
92	Group-Term Life Insurance (GTLI) - 115
93	Group-Term Life Insurance (GTLI) - 115
94	Group-Term Life Insurance (GTLI) - 115
95	Group-Term Life Insurance (GTLI) - 115
96	Group-Term Life Insurance (GTLI) - 115
97	Group-Term Life Insurance (GTLI) - 115
98	Group-Term Life Insurance (GTLI) - 115
99	Group-Term Life Insurance (GTLI) - 115
100	Group-Term Life Insurance (GTLI) - 115

Supplemental Information

43 Commission 398,931.33

44 Profit Sharing 203,931.35

45 Fee (including Director Fee) 0.00

46 Taxable 15th Month Pay Benefit 0.00

47 Health Plan 0.00

48 Overhead Fee 0.00

49 Other (Specify) 0.00

50 0.00

51 0.00

52 Total Taxable Compensation (Sum of lines 38 to 51) 0.00

53 0.00

54 0.00

55 0.00

56 0.00

57 0.00

58 0.00

59 0.00

60 0.00

61 0.00

62 0.00

63 0.00

64 0.00

65 0.00

66 0.00

67 0.00

68 0.00

69 0.00

70 0.00

71 0.00

72 0.00

73 0.00

74 0.00

75 0.00

76 0.00

77 0.00

78 0.00

79 0.00

80 0.00

81 0.00

82 0.00

83 0.00

84 0.00

85 0.00

86 0.00

87 0.00

88 0.00

89 0.00

90 0.00

91 0.00

92 0.00

93 0.00

94 0.00

95 0.00

96 0.00

97 0.00

98 0.00

99 0.00

100 0.00