

For BIR BCS/ Use Only Item: BIR Form No. 2316

Republic of the Philippines Department of Finance Bureau of Internal Revenue Certificate of Compensation Payment/Tax Withheld



September 2021(ENCS) Fill in all applicable spaces. Mark all appropriate boxe	For Compensation Payment	With or Without Tax Withheld	2316 9/21ENCS
1 For the Year (YYYY) Part I - Employee Inform		2 For the Period From (MM/DO) 0 1 0 1 Part IV-B Details of Compensation Income &	To (MM/DD) 12 3 1 Tax Withheld from Present Employer
3 TIN 2 1 8 - 7 2 8 - 2 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOM	
4 Employee's Name (Last Name, First Name, Middle Name, MANGLIB, MARICEL NGAYAWON		29 Basic Salary (including the exempt P250,000 & belo or the Statutory Minimum Wage of the MWE	w) 0.00
6 Registered Address	6A ZIP Code	30 Holiday Pay (MWE)	0.00
BLK 6 LOT 14 BRGY, DON JOSE STA, ROSA LAGUNA	BA ZIP Code	31 Overtime Pay (MWE)	0.00
6B Local Home Address	6C ZIP Code		0.00
6D Foreign Address		32 Night Shift Differential (MWE)	
- Section of the sect		33 Hazard Pay (MWE)	0.00
7 Date of Birth (MM/D0/YYYY) 8 Contact Number		34 13th Month Pay and Other Benefits (maximum of P90,000)	25,786.60
0 5 1 5 1 9 7 9		35 De Ninimis Benefits	0.00
9 Statutory Minimum Wage rate per day 0		36 SSS, GSIS, PHIC & PAG-IBIG Contribution and Union Dues (Employee share only)	s 17,877.52
10 Statutory Minimum Wage rate per month 0		37 Salaries and Other Forms of Compensation	7,750.00
withholding tax and not subject to income tax Part II - Employer Information (Present)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	51,414.12
12 TIN 0 0 4 - 5 1 6 - 9 7	The state of the s	B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name		39 Basic Salary	201,990.01
NIDEC PHILIPPINES CORPORATION	14A ZIP Code	40 Representation	0.00
14 Registered Address 136 North Science Ave. Ext. SPEZ, Laguna Technopark	Binan, Laguna 4, 0, 2, 4	41 Transportation	0.00
15 Type of Employer Main Employer	Secondary Employer	13.6	
Part III - Employer Information	(Previous)	42 Cost of Living Allowance (COLA)	0.00
		43 Fixed Housing Allowance	0.00
17 Employer's Name		44 Others (specify) 44A 0.00	0.00
18 Registered Address	18A ZIP Code	44B 0.00	0.00
Part IVA - Summary		SUPPLEMENTARY	
19 Gross Compensation Income from Present	253,404.13	45 Commission	0.00
Employer (Sum of Items 38 and 52) 20 Less: Total Non-Taxable/Exempt Compensation	51,414.12	46 Profit Sharing	0.00
Income from Present Employer (From Item 38) 21 Taxable Compensation Income from Present	201,990.01	47 Fees Including Director's Fees	0.00
Employer (Item 19 Less Item 20) (From Item 52) 22 Add: Taxable Compensation Income from		48 Taxable 13th Month Benefits	0.00
Previous Employer, if applicable	0.00	49 Hazard Pay	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	201,990.01	50 Overtime Pay	0.00
24 Tax Due	0.00	51 Others (specify)	
25 Amount of Taxes Withheld 25A Present Employer	0.00	51A 0.00	0.00
25B Previous Employer, if applicable	0.00	51B SALARIES AND OTHER FORMS OF COMPENSATION	0.00
26 Total Amount of Taxes Withheld as adjusted	0.00	52 Total Taxable Compensation Income	201,990.01
(Sum of Items 25A and 25B) 27 5% Tax Credit (PERA Act of 2008)	0.00	(Sum of Items 39 to 51B)	
28 Total Taxes Withheld (Sum of Items 26 and 27)			
	0.00	verified by me/us, and in the heat of mulaur knowledge.	and helief is true and correct nursured to
IWe declare, under the penalties of perjury that this cer the provisions of the National Internal Revenue Code, as a as contemplated under the *Data Privacy Act of 2012 (R.A.	mended, and the regulations issued in No. 10173) for legitimate and lawful	nder authority thereof. Further, I/we give my/our consent purposes.	to the processing of my/our information
53 LARINO JOJIT Afen			2101215
Present Employer Authorized Agent Signa	ture over Printed Name	Date Signed U 1 Z 8	2000
ONFORME: MANGLIB, MARICEL. NGAYAV	VON	Date Signed 611 248	2101215
Employee Signature over Pri			Amount paid, if CTC
f Employee 01-14(4/98-7	Issue		7101210
To be accomplished ur I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.		I declare, under the penalties of periury that I am qualifier (BIR Form No. 1700), since I received purely compensation inco for the calendar year; that taxes have been correctly withheld by the RIR Form No. 1604C filled by my employer to the RIR shall	my employer (tax due equals tax withheld); that constitute as my income tax return; and that BIR
55 MA. CORAZON BUNAG Present Employer/Authorized/Agent Signature over Printed Name		Form No. 2316 shall serve the same purpose as if BIR Form No. of Revenue Regulations (RR) No. 3-2002, as amended.	ICAYANAONI
(Head of Accounting/Human Resource or Au	thorized Representative)	56 MANGLIB,MARICELY Employee Signature over	

Republic of the Philippines)
Province of Laguna) Sc.
City of Santa Rosa)

AFFIDAVIT OF FIXED INCOME

I, CRECENCIO ACOSTA COSTALES, of legal age, married, Filipino citizen, with residence and postal address at Block 6 Lot 14 Saint Andrews St. Barangay Don Jose, City Of Santa Rosa, Laguna, after having been duly sworn to in accordance with law, hereby depose and state:

- That I am have no business owned nor managed and with such no fixed income from ever since;
- That I am the father of MARICRIS M. COSTALES, College student of FEATI UNIVERSITY-MANILA and applying for scholarship program offered by the Government;
- That I have never been employed or work to any private or public establishment and I do not even engage in any profession or occupation nor own any business and for which I do not file any Income Tax Return (ITR) at the Bureau of Internal Revenue (BIR);

IN WITNESS WHEREOF, I have hereunto affixed my signature this 9th day of September 2024 at City of Santa Rosa, Laguna.

CRECENCIO ACOSTA COSTALES
Affiant

SUBSCRIBED AND SWORN to before me, this this 9th day of September 2024 at City of Santa Rosa, Laguna by the Affiant whom I have identified through his government ID competent evidence of identity.

Doc. No. ___30 ___;
Page No. __7__;
Book No. __IV ___;
Series of 2024

ATTY. MICHAEL L. ASUTEN

Notary Public for and in the City of Santa Rosa, Laguna ANC No. 0075-SRCL valid from March ID, 2023 to December 31, 2024 Professional Tax Receipt Number 477914, Issued on 01-02-2024 Issued at Santa Rosa City, Laguna / Roll of Attorneys Number 62627 IBP No. 416555 issued on 1-11-2024 Until 12-31-2024, SL-Laguna Chapter MCLE Compliance VII – 0020093, until April 14, 2025, issued on 06/01/2022 483 Asuten Law Office, 2/F Carpena Bldg., Tagapo, Santa Rosa City, Laguna