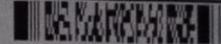




BIR Form No. **2316**
September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld



2316 09/21 ENCS

1 For the Year (YYYY) **2024** 2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I - Employee Information

3 TIN: 929 117 246 0000

4 Employee's Name (Last Name, First Name, Middle Name): **ALMERON, JOHN RYAN PERSIGAS** 5 RDO Code: **112**

6 Registered Address: **DAVAO CITY DAVAO CITY** 6A Zip Code: **112**

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

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

| | Amount |
|---|-------------------|
| 28 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) | 218,311.90 |
| 29 Holiday Pay (MWE) | 0.00 |
| 30 Overtime Pay (MWE) | 0.00 |
| 31 Night Shift Differential (MWE) | 0.00 |
| 32 Hazard Pay (MWE) | 0.00 |
| 33 13th Month Pay and Other Benefits (maximum of P90,000) | 11,698.82 |
| 34 De Minimis Benefits | 0.00 |
| 35 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 16,311.70 |
| 36 Salaries and Other Forms of Compensation | 10,013.01 |
| 37 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 256,335.43 |

Part II - Employer Information (Present)

12 Taxpayer: 283 182 282 0000

13 Employer's Name: **MACONDRAY PLASTICS PRODUCTS INC**

14 Registered Address: **PUROK 1 BRGY. TAGPORE PANABO CITY** 14A Zip Code: **8105**

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) | 256,335.43 |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) | 256,335.43 |
| 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 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 ALPHA S. MANLULU
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

52 JOHN RYAN PERSIGAS ALMERON
Employee Signature Over Printed Name

CTD/Valid ID No. of Employer: _____ 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. 1604-C which has been filed with the Bureau of Internal Revenue.

53 ALPHA S. MANLULU
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 current compensation income from only one employer in the Philippines for the calendar year that I have hereon 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 if BIR Form No. 1700 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 JOHN RYAN PERSIGAS ALMERON
Employee Signature Over Printed Name