

For BIR Use Only BCS/Item:



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No.  
**2316**

September 2021 (ENCS)

**Certificate of Compensation  
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the Year (YYYY)		2024		2 For the Period From (MM/DD)		01/01		To (MM/DD)		12/31	
<b>Part I - Employee Information</b>						<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>					
3 TIN		153 - 319 - 305 - 000		4 Employee's Name (Last Name, First Name, Middle Name)		5 RDO Code		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
				AGONCILLO, MARGARITA GUERRERO				Amount			
6 Registered Address				6A ZIP Code				29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)			
6B Local Home Address				6C ZIP Code				30 Holiday Pay (MWE)			
6D Foreign Address								31 Overtime Pay (MWE)			
7 Date of Birth (MM/DD/YYYY)		1/5/1975		8 Contact Number				32 Night Shift Differential (MWE)			
9 Statutory Minimum Wage rate per day								33 Hazard Pay (MWE)			
10 Statutory Minimum Wage rate per month								34 13th Month Pay and Other Benefits (maximum of P80,000)		30,856.14	
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax								35 De Minimis Benefits		16,695.17	
<b>Part II - Employer Information (Present)</b>						36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)					
12 TIN		006 - 924 - 764 - 000		13 Employer's Name		COR CHRISTUS MEDICAL GROUP, INC.		37 Salaries and Other Forms of Compensation		13,200.00	
14 Registered Address				14A ZIP Code				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)		79,271.92	
Nat'L Rd. Nueva San Pedro, Laguna				4023				B. TAXABLE COMPENSATION INCOME REGULAR			
15 Type of Employer		<input checked="" type="checkbox"/> Main Employer		<input type="checkbox"/> Secondary Employer		39 Basic Salary		166,698.46			
<b>Part III - Employer Information (Previous)</b>						40 Representation					
16 TIN				17 Employer's Name				41 Transportation			
18 Registered Address				18A ZIP Code				42 Cost of Living Allowance (COLA)			
<b>Part IVA - Summary</b>						43 Fixed Housing Allowance					
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)		396,458.17		20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		79,271.92		44 Others (specify)			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		317,186.25		22 Add: Taxable Compensation Income from Previous Employer, if applicable				44A		150,487.79	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		317,186.25		24 Tax Due		10,077.94		44B			
25 Amount of Taxes Withheld				25A Present Employer		10,077.94		45 Commission			
25B Previous Employer, if applicable				26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		10,077.94		46 Profit Sharing			
27 5% Tax Credit (PLRA Act of 2009)				28 Total Taxes Withheld (Item 26 less Item 27)		10,077.94		47 Fees including Director's Fees			
								48 Taxable 13th Month Benefits			
								49 Hazard Pay			
								50 Overtime Pay			
								51 Others (specify)			
								51A			
								51B			
								52 Total Taxable Compensation Income (Sum of Items 39 to 51B)		317,186.25	

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/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 MARK JASON P. ABARCA  
Present Employer/Authorized Agent/Signature over Printed Name

Date Signed

CONFORME:

52 AGONCILLO, MARGARITA GUERRERO  
Employee Signature over Printed Name

Date Signed

Amount paid, if CTC

CTC/Valid ID No.

Place of

Date Issued



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September 2021 (ENCS)

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

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 **923 663 769 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **AGONCILLO, RONELLE SIMEON** 5 RDO Code **047**

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 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**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

	Amount
29 Basic Salary (including the exempt P250,000 & below 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)	19,594.00
35 De Minimis Benefits	967.30
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	19,122.80
37 Salaries and Other Forms of Compensation	0.00
<b>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</b>	<b>39,684.10</b>

**Part II - Employer Information (Present)**

12 Taxpayer **502 099 474 0000**

13 Employer's Name **R.M. CHEMICALS SOUTH EAST ASIA, INC.**

14 Registered Address **3RD FLR. ONE SALCEDO CENTRE 170 SALCEDO** 14A Zip Code **1223**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	231,110.30
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

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of items 38 and 52)	270,794.40
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38)	39,684.10
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52)	231,110.30
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	231,110.30
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 6% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (sum of items 26 and 27)	0.00

**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	
<b>52 Total Taxable Compensation Income (Sum of items 39 to 51B)</b>	<b>231,110.30</b>

I/we declare, under the penalties of perjury, that this certificate has been made in good faith, voluntarily and to the best of my/our knowledge and belief, in true and correct pursuit to the provisions of the National Internal Revenue Code, as amended, and the regulations issued thereunder, and that the information herein is true and correct as reported under the Data Privacy Act of 2012 (RA 10173) and its implementing rules and regulations.

51 **CATHERINE MAGNAYE**  
Present Employer/ Authorized Agent Signature Over Printed Name  
Date Signed **02/18/2025**

52 **RONELLE SIMEON AGONCILLO**  
Employee Signature Over Printed Name  
Date Signed **02/18/2025**

CTC/Valid ID No. of Employee **02-14771672-2** Place of Issue **Pobayao**  
Date of Issue **02/18/2025** Amount Paid, if CTC

53 **CATHERINE MAGNAYE**  
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 **RONELLE SIMEON AGONCILLO**  
Employee Signature Over Printed Name

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