



Republic of the Philippines
Province of Camarines Sur
Municipality of Pili
BARANGAY SAN ANTONIO
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OFFICE OF THE PUNONG BARANGAY

CERTIFICATION

HON. DONNE MARCIAL R. CASTRO III
Punong Barangay

BARANGAY KAGAWAD

HON. MADEL P. CASTRO
HON. JOSE H. ARROYO JR.
HON. LEONILLO S. PONTEROS
HON. SONI DS. BERIÑA
HON. HARRY C. CASTRO
HON. JASON B. DIVINO
HON. GERALDINE G. BATALLER
HON. AGUSTINE D. TUCAY
SK CHAIRMAN

PEÑAFRANCIA A. PAZ
Barangay Secretary

JOYETTE P. JUANEZA
Barangay Treasurer

To whom it may concern;

This is to certify that **SHEILA RUBIS VILLAR**, of legal age, with postal and residence address at Zone 1, San Antonio, Pili, Camarines Sur.

This is to certify that the above name person is **CURRENTLY UNEMPLOYED.**

This certification is being issue upon the request of aforementioned what purposes it may serve.

Given this **2nd** day of **JULY, 2025** at the Office of the Punong Barangay of San Antonio, Pili, Camarines Sur, Philippines

This certificate is valid only for **2 (TWO) MONTHS UPON ISSUANCE.**

HON. DONNE MARCIAL R. CASTRO III
Punong Barangay

Prepared by:

MS. PEÑAFRANCIA A. PAZ
Barangay Secretary

For BIR - BCS/
Use Only Item.



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Annex "A"

BIR Form No. 2316 September 2021(ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		2316 9/21/ENCS	
1 For the Year (YYYY) 2025		2 For the Period From (MM/DD) 01 01 To (MM/DD) 09 15			
Part I - Employee Information					
3 TIN 9 3 9 - 0 4 1 - 7 2 5 -					
4 Employee's Name (Last Name, First Name, Middle Name) VILLAR, SANDY SAN BUENAVENTURA		5 RDO Code			
6 Registered Address ZONE 4 CADLAN		6A ZIP Code N A			
6B Local Home Address		6C ZIP Code			
6D Foreign Address					
7 Date of Birth (MM/DD/YYYY) 0 3 1 9 1 9 7 7		8 Contact Number			
9 Statutory Minimum Wage rate per day					
10 Statutory Minimum Wage rate per month					
11 ☐ Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax					
Part II - Employer Information (Present)					
12 TIN 0 0 9 - 2 5 7 - 0 2 4 -					
13 Employer's Name BMI Finance Corp.					
14 Registered Address RM 808 TOWER 2 CITYLAND 10 VALERO ST B		14A ZIP Code			
15 Type of Employer ☐ Main Employer ☐ Secondary Employer					
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 39 and 52)		267,168.18			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		267,168.18			
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		0.00			
25A Present Employer		0.00			
25B Previous Employer, if applicable		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 (Item 26 less Item 27)		0.00			
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 (RA No. 10173) for legitimate and lawful purposes.					
53 JOSEPH EDWIN C. CADIZ Present Employer/Authorized Agent Signature over Printed Name		Date Signed			
CONFORME: 54 SANDY S. VILLAR Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee		Place of Issue		Date Issued	
				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.			I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year, that I 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.		
55 JOSEPH EDWIN C. CADIZ Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)			56 SANDY S. VILLAR Employee Signature over Printed Name		

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