



BIR Form No. 2316 September 2021 (ENCS)		Certificate of Compensation Payment/Tax Withheld 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) 2025			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 309 513 376 0000			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
4 Employee's Name (Last Name, First Name, Middle Name) IMBANG, NECHE TUMALA			Amount		
5 RDO Code 038			29 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) 131,951.88		
6 Registered Address			30 Holiday Pay (MWE) 0.00		
6B Local Home Address			31 Overtime Pay (MWE) 0.00		
6C Zip Code			32 Night Shift Differential (MWE) 0.00		
6D Foreign Address			33 Hazard Pay (MWE) 0.00		
6E Zip Code			34 13th Month Pay and Other Benefits (maximum of P90,000) 31,025.00		
7 Date of Birth (MM/DD/YYYY)			35 De Minimis Benefits 47,825.00		
8 Telephone Number			36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 11,200.62		
9 Statutory Minimum Wage rate per day 510.00			37 Salaries and Other Forms of Compensation 15,909.15		
10 Statutory Minimum Wage rate per month 15,512.50			38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 237,911.65		
11 ☒ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax.			B. TAXABLE COMPENSATION INCOME REGULAR		
Part II - Employer Information (Present)			39 Basic Salary 0.00		
12 Taxpayer 000 396 233 0000			40 Representation		
13 Employer's Name APO PRODUCTION UNIT, INC.			41 Transportation		
14 Registered Address VISAYAS AVENUE VASRA 1 ST QUEZON CITY			42 Cost of Living Allowance (COLA)		
14A Zip Code 1128			43 Fixed Housing Allowance		
15 Type of Employer ☐ Main Employer ☐ Secondary Employer			44 Others (Specify)		
Part III - Employer Information (Previous)			44A 0.00		
16 TIN			44B		
17 Employer's Name			SUPPLEMENTARY		
18 Registered Address			45 Commission		
18A Zip Code			46 Profit Sharing		
Part IV-A - Summary			47 Fees Including Director's Fees		
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 237,911.65			48 Taxable 13th Month Pay Benefits 0.00		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 237,911.65			49 Hazard Pay		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00			50 Overtime Pay		
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00			51 Others (Specify)		
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00			51A		
24 Tax Due 0.00			51B		
25 Amount of Taxes Withheld			52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 0.00		
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 KRISTIAN MEDEL S. RAMIREZ III Present Employer/ Authorized Agent Signature Over Printed Name			Date Signed		
CONFORME:			Date Signed		
52 NECHE TUMALA IMBANG Employee Signature Over Printed Name			Date of Issue		
CTC/Valid ID No. of Employee			Amount Paid, if CTC		
Place of Issue					
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 KRISTIAN MEDEL S. RAMIREZ III 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.		
54 NECHE TUMALA IMBANG Employee Signature Over Printed Name					

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