


 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 116 280 181 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) SALAMIDA, ROWENA RAMOS		5 RDO Code 057	
6 Registered Address 6A Zip Code		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00	
6B Local Home Address 6C Zip Code		30 Holiday Pay (MWE) 0.00	
6D Foreign Address 6E Zip Code		31 Overtime Pay (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number		32 Night Shift Differential (MWE) 0.00	
9 Statutory Minimum Wage rate per day 0.00		33 Hazard Pay (MWE) 0.00	
10 Statutory Minimum Wage rate per month 0.00		34 13th Month Pay and Other Benefits (maximum of P90,000) 43,350.00	
11 ☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		35 De Minimis Benefits 124,036.54	
Part II - Employer Information (Present)		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 25,800.00	
12 Taxpayer 247 464 262 0000		37 Salaries and Other Forms of Compensation 0.00	
13 Employer's Name LBPI DESIGN INTERNATIONAL INC		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 193,186.54	
14 Registered Address 14A Zip Code		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer ☐ Main Employer ☐ Secondary Employer		39 Basic Salary 312,000.00	
16 TIN		40 Representation	
17 Employer's Name VCSR COMMERCIAL BLK C2 LOT 5 VILLA CACERES		41 Transportation	
18 Registered Address 18A Zip Code		42 Cost of Living Allowance (COLA)	
Part III - Employer Information (Previous)		43 Fixed Housing Allowance	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 505,186.54		44 Others (Specify)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 193,186.54		44A 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 312,000.00		44B	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		SUPPLEMENTARY	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 312,000.00		45 Commission	
24 Tax Due 9,300.00		46 Profit Sharing	
25 Amount of Taxes Withheld		47 Fees including Director's Fees	
25A Present Employer 9,300.00		48 Taxable 13th Month Pay Benefits 0.00	
25B Previous Employer 0.00		49 Hazard Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 9,300.00		50 Overtime Pay	
27 5% Tax Credit (PERA Act of 2008) 0.00		51 Others (Specify)	
28 Total Taxes Withheld (sum of Items 26 and 27) 9,300.00		51A	
		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 312,000.00	

I/We declare, under the penalties of perjury, that this Certificate has been made in good faith, verified to us, and to the best of my/our knowledge and belief, to be 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 Policy" (DPP) for business and trade purposes.

 51 Present Employer Authorized Agent Signature Over Printed Name
CONFORME:
 52 **ROWENA RAMOS SALAMIDA**
 Employee Signature Over Printed Name
 CTC/Mold ID No. **33-0879816-9** Place of Issue **N/A**
Date Signed **01/30/2026**Date Signed **01/30/2026**Date of Issue **N/A**

Amount Paid, if CTC

N/A**To be accomplished under substituted filing**

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1004C which has been filed with the Bureau of Internal Revenue.

 53 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 I have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1004-C has been filed by my employer to the BIR and shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.