



BIR Form No. 2316		Certificate of Compensation Payment/Tax Withheld			
September 2021 (ENCS)		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) 2 0 2 1		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 & Tax Withheld from Present Employer	
3 TIN 202 - 073 - 494 - 000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) DE LUNA, BENILDA ENDAYA		5 RDO Code 1 1 6		Amount	
6 Registered Address c/o IMI		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)		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 P90,000)	
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				35 De Minimis Benefits	
Part II - Employer Information (Present)				36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
12 TIN 000 - 409 - 747 - 000				37 Salaries and Other Forms of Compensation	
13 Employer's Name INTEGRATED MICRO-ELECTRONICS, INC.				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	
14 Registered Address North Science Ave, LT-SEZ, Binan, Laguna		14A ZIP Code 4 0 2 4		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer ☒ Main Employer ☐ Secondary Employer				39 Basic Salary	
Part III - Employer Information (Previous)				40 Representation	
16 TIN				41 Transportation	
17 Employer's Name				42 Cost of Living Allowance (COLA)	
18 Registered Address		18A ZIP Code		43 Fixed Housing Allowance	
				44 Others (specify)	
				44A	
				44B	
Part IV-A - Summary				SUPPLEMENTARY	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)		369,223.39		45 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		67,993.69		46 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		301,229.70		47 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		-		48 Taxable 13th Month Benefits	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		301,229.70		49 Hazard Pay	
24 Tax Due		7,684.45		50 Overtime Pay	
25 Amount of Taxes Withheld		7,684.46		51 Others (specify)	
25A Present Employer		-		51A Holiday and/or Night Diff	
25B Previous Employer, if applicable		-		51B SL conversion and other income	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		7,684.46		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	
27 5% Tax Credit (PERA Act of 2008)		-			
28 Total Taxes Withheld (Item 26 less Item 27)		7,684.46			
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.					
53 MARITA M. GARCIA Present Employer/Authorized Agent Signature over Printed Name		Date Signed 01 31 2021			
CONFORME:					
54 DE LUNA, BENILDA ENDAYA Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee CTC 2026 14263862		Place of Issue BINAN, LAGUNA		Date Issued 01/24/2026 Validity Date 12/31/2026	
				Amount paid, if CTC 374.00	
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.					
55 MARITA M. GARCIA Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)					
				56 DE LUNA, BENILDA ENDAYA Employee Signature over Printed Name	