

BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

September 2021 (ENCS)
Fill in all applicable spaces. Mark all appropriate boxes with an "X"

For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

1 For the Year (YYYY) **2023**

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

Part I - Employee Information

3 TIN **486 584 922 0037**

5 RDO Code **037**

4 Employee's Name (Last Name, First Name, Middle Name)
LONTOC, RECIE SAMORTIN

6A Zip Code **5104**

6 Registered Address
Zone 3, Sta. Lucia, Sablayan, Occidental Mindoro

6B Local Home Address
Zone 3, Sta. Lucia, Sablayan, Occidental Mindoro

6C Zip Code **5104**

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY)
09 29 1982

8 Telephone Number
0965 988 0606

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

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)	90,000.00
35 De Minimis Benefits	11,000.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	42,542.40
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	143,542.40

Part II - Employer Information (Present)

12 Taxpayer **863 958 561 0000**

13 Employer's Name
DEPARTMENT OF EDUCATION

14 Registered Address
PAYOMPON MAMBURAO OCCIDENTAL MINDORO

14A Zip Code **5106**

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	333,297.60
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

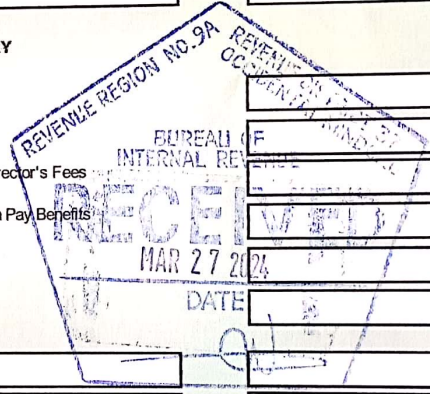
18A Zip Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	485,488.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	143,542.40
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	341,945.60
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	341,945.60
24 Tax Due	13,791.84
25 Amount of Taxes Withheld	
25A Present Employer	13,791.84
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	13,791.84
27 5% Tax Credit (PERA Act of 2008)	2.00
28 Total Taxes Withheld (sum of items 26 and 27)	13,793.84

SUPPLEMENTARY

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Pay/Benefits	8,648.00
49 Hazard Pay	
50 Overtime Pay	
51 Others (Specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	341,945.60



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 mv/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 mv/our consent to the processing of mv/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

FOR

51 **MERRY ANN T. RAMIREZ** **BELLALINDA L. PIMENTEL**
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

52 **RECIE SAMORTIN LONTOC**
Employee Signature Over Printed Name

CTC/Valid ID No. of Employee **137893** Place of Issue **LUCENA**

Date Signed **03 19 2024**

Date Signed **03 25 2024**

Date of Issue **06 22 2015**

Amount Paid, if CTC

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.

FOR

53 **MERRY ANN T. RAMIREZ** **BELLALINDA L. PIMENTEL**
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accountant/ Human Resource or Authorized Representative)

To be accomplished under substituted filing

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 mv employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by mv employer to the BIR shall constitute as mv 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 **RECIE SAMORTIN LONTOC**
Employee Signature Over Printed Name

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