

For BIR BCS/  
Use Only Item:



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No.  
**2316**

September 2021(ENCS)

### Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 921 ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) <b>2023</b>		2 For the Period From (AMDD) <b>01 01</b> To (AMDD) <b>12 31</b>	
Part I - Employee Information			
3 TIN <b>461 - 268 - 964 - 0000</b>		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) <b>TORRES, ROSALIE, T</b>		8 HDQ Code <b>53B</b>	
6 Registered Address <b>PH1 BLK39 LOT32 SOUTHVILLE 3 POBLACION</b>		9A ZIP Code	
7 Date of Birth (MM/DD/YYYY) <b>04 12 1972</b>		9B ZIP Code	
9 Statutory Minimum Wage rate per day		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE <b>0.00</b>	
10 Statutory Minimum Wage rate per month		30 Holiday Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		31 Overtime Pay (MWE)	
Part II - Employer Information (Present)		32 Night Shift Differential (MWE)	
12 TIN <b>000 - 863 - 958 - 00014</b>		33 Hazard Pay (MWE)	
13 Employer's Name <b>DEPARTMENT OF EDUCATION</b>		34 13th Month Pay and Other Benefits (maximum of P90,000) <b>60,422.00</b>	
14 Registered Address <b>CENTENNIAL AVENUE LAGUERTA BRGY TUNASAN MUNTINLUPA CITY METRO MANILA</b>		35 De Minimis Benefits <b>0.00</b>	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>28,875.78</b>	
16 TIN		37 Salaries and Other Forms of Compensation <b>0.00</b>	
17 Employer's Name		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>89,297.78</b>	
18 Registered Address		B. TAXABLE COMPENSATION INCOME REGULAR	
19A ZIP Code		39 Basic Salary <b>225,242.92</b>	
19B ZIP Code		40 Representation	
Part III - Employer Information (Previous)		41 Transportation	
16 TIN		42 Cost of Living Allowance (COLA)	
17 Employer's Name		43 Fixed Housing Allowance	
18 Registered Address		44 Others (specify)	
19A ZIP Code		44A <b>0.00</b>	
19B ZIP Code		44B	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52) <b>314,540.70</b>		45 Commission	
20 Less Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>89,297.78</b>		46 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>225,242.92</b>		47 Fees Including Director's Fees	
22 Add Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		48 Taxable 13th Month Benefits <b>0.00</b>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>225,242.92</b>		49 Hazard Pay	
24 Tax Due <b>0.00</b>		50 Overtime Pay	
25 Amount of Taxes Withheld		51 Others (specify)	
25A Present Employer <b>0.00</b>		51A	
25B Previous Employer, if applicable <b>0.00</b>		51B	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>225,242.92</b>	
27 5% Tax Credit (PERA Act of 2008) <b>0.00</b>			
28 Total Taxes Withheld (Sum of Items 26 and 27) <b>0.00</b>			

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 EVANGELINE P. LADINES, CESO V Date Signed \_\_\_\_\_  
Present Employer Authorized Agent Signature over Printed Name

CONFORME: 54 ROSALIE TORRES Date Signed 03 22 20 24 Amount paid # CTC \_\_\_\_\_  
Employee Signature over Printed Name

CTC/Valid ID No of Employee 461268964 Place of Issue MUNTINLUPA Date Issued \_\_\_\_\_

I declare, under the penalties of perjury that the information herein stated are recorded under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

55 EVANGELINE P. LADINES, CESO V  
Present Employer Authorized Agent Signature over Printed Name  
(Head of Accounting, Human Resource or Authorized Representative)

56 ROSALIE T TORRES



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF INTERNAL REVENUE**  
Revenue Region No. 8b South NCR Makati City  
Revenue District No. 53B Muntinlupa City

## CERTIFICATION

The records of our District Office showed that **Mr. Bonifacio P. Pabustan** with TIN: **653-600-459-000** with postal address at **Lot 43 Blk 8 Phase 3 Pcs 89, Southville 3, Poblacion, Muntinlupa City**, has no Income Tax Return (ITR) filed for taxable year 2023.

This certification is issued upon the request of **Mr. Pabustan** to avail the Scholarship Grant from Commission on Higher Education (CHED) of his/her daughter/son **Danel T. Pabustan**, duly supported by Affidavit and Barangay Certificate.

Issued this 11th day of July, 2024 at Muntinlupa City.

**DENNIS P. FLOREZA**  
Revenue District Officer

By:

  
**JENNY A. FERRERA**  
Group Supervisor

Affix Doc. Stamp



Certification Fee: Php 100.00  
BPI  
July 11, 2024