For BIR Use Only Item:	Certificate of Con		nsation			
BIR Form No. 2316 September 2021 (ENCS) For C	Payment lax W				2316 09/21 ENCS	
Fill in all applicable spaces. Mark all appropriate b	oxes with an X	2 For	the Period	01 01	To (MM/DD) 12 31	
Part I - Employee Informat	lon	PI	art IV-B Details of Compensation		Withheld from Present Employer	
3 TIN 188 186	259 0000		N-TAXABLE/EXEMPT CON			
4 Employee's Name (Last Name, First Name, Middle	Name) 8 RDO Code	29 Bas	ic Salary (including the exem he Statutory Minimum Wage	of the MWE	0.00	
DELA PENA, MICHELLE CORDETA	6A Zip Code	30 Hol	iday Pay (MWE)		0.00	
8-12 L-4 BGY. POB LACION 1, G.M.A., C.	AVITE 4117	31 OV	ertime Pay (MWE)		0.00	
6B Local Home Address	6C Zip Code	32 Nig	ht Shift Differential (MWE)		0.00	
an Court Address	6E Zio Code	33 Ha	zard Pay (MWE)		0.00	
6D Foreign Address		34 131	h Month Pay and Other Ben	efits	59,040.00	
- Leave of many transfer and the same of t	elephone Number	35 De	eximum of P90,000) Minimis Benefits		60,000.00	
11 26 , 1976 ,		36 SS	S, GSIS, PHIC & PAG-IBIG	Contributions	20,937.85	
9 Statutory Minimum Wage rate per day	0.00	and	d Union Dues (Employee sharies and Other Forms of Co	are only)	0.00	
10 Statutory Minimum Wage rate per month	0.00		tal Non-Taxable/Exempt Cor		139,977.85	
Minimum Wage Earner whose compensation withholding tax and not subject to income to		Inc	ome (Sum of Items 29 to 37	7)		
Part II - Employer Information		I TA	XABLE COMPENSATION	INCOME REGUL	AR	
005 064	603 0000		sic Salary		158,497.15	
Employer's Name GEN. MARIANO ALVAREZ TECHNICAL HI	GH SCHOOL	1	presentation			
Registered Address	14A Zip Code					
#688 CONG. AVE., POB.5, G.M.A., CAVIT	4117		ensportation			
Type of Employer Main Employer	Secondary Employer		est of Living Allowance (COI	LA)		
Part III - Employer Information (Previous)	43 Fix	red Housing Allowance			
			hers (Specify)		0.0	
Employer's Name		1 44				
Registered Address	18A Zip Code	44	В			
		SI	JPPLEMENTARY			
Part IVA - Summa	гу					
Bross Compensation Income from Present Employer (Sum of Items 38 and 52)	298,475.00	1	ommission			
ess: Total Non-Taxable/Exempt Compensation	139,977.85	46 Pr	ofit Sharing			
exable Compensation Income from Present	158,497.15	47 Fe	ees Including Director's Fe	ees		
mployer (Item 19 Less Item 20) (From Item 52) dd: Taxable Compensation Income from	0.00	48 Ta	axable 13th Month Pay Ber	nefits		
evious Employer, if applicable oss Taxable Compensation Income		1 40 H	azard Pay			
um of Items 21 and 22)	158,497.15	150 0	vertime Pay			
ax Due	0.00	1				
nount of Taxes Withheld A Present Employer	0.00	7 54	thers (Specify)			
Present Employer	0.00	1				
B Previous Employer	0.00	1	IB			
al Amount of Taxes Withheld as adjusted	0.00		otal Taxable Compensatio	on Income	158,4	
n of Items 25A and 25B)		11	Sum of Items 39 to 51B)			
Tax Credit (PERA Act of 2008)		1				
Taxes Withheld (sum of items 26 and 27)						
IWe declare, under the penalties of perjury, that this certific ovisions of the National Internal Revenue Code, as a manufacture and a second	te has been made in good faith, ver , and the requiations issued under	authority	s, and to the best of my/our kno thereof. Further, I/we give my/o	owledge and belief, is our consent to the pro	s true and correct pursuant to cessing of my/our information	
		ses.				
51 VICTORIO N. MEDRANO Present Employer/ Authorized Agent Signature	Ed.D.	Date S	ligned			
FORME:	Over Filited Name	Dute	igned			
-						
52 MICHELLE GORDETA DELA Employee Signature Over Printe	d Name	Date S	signed		Amount Paid, if	
alid ID No. 16-31-00238 Place of	G.M.A., Cavite	Date o	f Issue			
byce Issue		ed und	er substituted filing			
re, under the penalties of perjury that the information herein	stated are reported	I decl	are under the penalties of peri	ury that I am qualifie	ed under substituted filing of	
Form No. 1604C which has been filed with the Bureau of In	emai Revenue.	from o	nly one employer in the Ph	nilippines for the cal	ed purely compensation income lendar year; that taxes have been	
VICTORIO N. MEDRANO, E	d.D.	No. 16	ly withheld by my employer (to 04-C filed by my employer to	the BIR shall const	titute as my income tax return;	
Present Employer/ Authorized Agent Signature Ov (Head of Accounting/ Human Resource or Authorize	r Printed Name d Representative)	and the	at BIR Form No. 2316 shall se en filed pursuant to the provis	sions of Revenue Re	use as if BIR Form No. 1700 egulations (RR) No. 3-2002, as amended.	
				10	ΕΤΑ ΠΕΙ Α ΡΕΝΑ	