

**BIR Form No. 2316**  
**Certificate of Compensation Payment/Tax Withheld**  
 For Compensation Payment With or Without Tax Withheld  
 September 2021 (ENC5) 2019 09/21 ENC5

1 For the Year (YYYY) **2023** 2 For the Period (MM/PP) **01 01** To (MM/PP) **12 31**

**Part I - Employee Information**

3 TIN **947 930 009 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **DEQUILLA, JOHN MICHAEL MONDRAGON** 5 HDO Code **126**

6 Registered Address **AURORA ST. CITY OF KODARONG SOUTH COTABATO 9501** 6A Zip Code **9501**

6B Local Home Address \_\_\_\_\_ 6C Zip Code \_\_\_\_\_

6D Foreign Address \_\_\_\_\_ 6E Zip Code \_\_\_\_\_

7 Date of Birth (MM/DD/YYYY) **05 14 1984** 8 Telephone Number \_\_\_\_\_

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.

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

Item	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)	67,238.80
35 De Minimis Benefits	62,105.15
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	13,124.40
37 Salaries and Other Forms of Compensation	12,600.00
<b>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</b>	<b>155,068.35</b>

**Part II - Employer Information (Present)**

12 Taxpayer **001 289 011 0000**

13 Employer's Name **CENTER FOR AGRICULTURE AND RURAL DEVELOPMENT INC**

14 Registered Address **20 ML QUEZON ST CITY SUBDIVISION BRGY 1B SAN** 15A Zip Code **4000**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	159,714.91
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)	314,783.26
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	155,068.35
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	159,714.91
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	159,714.91
24 Tax Due	0.00
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	
28 Total Taxes Withheld (sum of Items 26 and 27)	0.00

**SUPPLEMENTARY**

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Pay Benefits	0.00
49 Hazard Pay	
50 Overtime Pay	
51 Others (Specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	159,714.91

I declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my own 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 am duly registered under the Tax Practitioner's Act of 1976 (RA No. 10173) for business and lawful purposes.

51 Present Employer Authorized Agent Signature Over Printed Name **LOUISE E. CORTES** Date Signed **02 23 2024**

52 Employee Signature Over Printed Name **JOHN MICHAEL MONDRAGON DEQUILLA** Date Signed **05 26 2024**

CTC/Valid ID No. **201001-0111** Place of Issue **Quindap, San Pablo** Date of Issue **02 26 2024**

**To be accomplished under substituted filing**

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1504C which has been filed with the Bureau of Internal Revenue.

53 Present Employer Authorized Agent Signature Over Printed Name **LOUISE E. CORTES** Date Signed \_\_\_\_\_

I declare under the penalties of perjury that I am qualified under substituted filing of income tax returns/BIR Form No. 1700i since I received timely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1504 C filed by my employer in the Philippines shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700i has been filed pursuant to the provisions of Revenue Regulations (RR) No. 5-2002, as amended.

**JOHN MICHAEL MONDRAGON DEQUILLA**