



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

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

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 and Tax Withheld from Present Employer

3 TIN **907 152 624 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **BANTUGAN, YOLANDA D** 5 RDO Code **020**

6 Registered Address **445 Quirino St. Pag-asa Bagac, Bataan** 6A Zip Code **2107**

6B Local Home Address **445 Quirino St. Pag-asa Bagac, Bataan** 6C Zip Code **2107**

6D Foreign Address _____ 6E Zip Code _____

7 Date of Birth (MM/DD/YYYY) **04 29 1969** 8 Telephone Number **0968-552-2620**

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 |
|--|--|------------|
| 27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) | | 0.00 |
| 28 Holiday Pay (MWE) | | 0.00 |
| 29 Overtime Pay (MWE) | | 0.00 |
| 30 Night Shift Differential (MWE) | | 0.00 |
| 31 Hazard Pay (MWE) | | 0.00 |
| 32 13th Month Pay and Other Benefits (maximum of P90,000) | | 83,633.25 |
| 33 De Minimis Benefits | | 0.00 |
| 34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) | | 44,224.08 |
| 35 Salaries & Other Forms of Compensation | | 0.00 |
| 36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) | | 127,857.33 |

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 Taxpayer **000 863 958 0559**

13 Employer's Name **DEPARTMENT OF EDUCATION**

14 Registered Address **KABUKIRAN CALAYLAYAN ABUCAY BATAAN** 14A Zip Code **2114**

15 Type of Employer Main Employer Secondary Employer

| | |
|------------------------------------|------------|
| 37 Basic Salary | 346,903.92 |
| 38 Representation | |
| 39 Transportation | |
| 40 Cost of Living Allowance (COLA) | |
| 41 Fixed Housing Allowance | |
| 42 Others (Specify) | |
| 42A | 0.00 |
| 42B | |

Part III - Employer Information (Previous)

SUPPLEMENTARY

16 TIN _____

17 Employer's Name _____

18 Registered Address _____ 18A Zip Code _____

| | |
|--|------------|
| 43 Commission | |
| 44 Profit Sharing | |
| 45 Fees Including Director's Fees | |
| 46 Taxable 13th Month Pay Benefits | 0.00 |
| 47 Hazard Pay | |
| 48 Overtime Pay | |
| 49 Others (Specify) | |
| 49A | |
| 49B | |
| 50 Total Taxable Compensation Income (Sum of Items 37 and 49B) | 346,903.92 |

Part IVA - Summary

| | |
|--|------------|
| 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) | 474,761.25 |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) | 127,857.33 |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) | 346,903.92 |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable | 0.00 |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) | 346,903.92 |
| 24 Tax Due | 14,535.59 |
| 25 Amount of Taxes Withheld | |
| 25A Present Employer | 14,535.59 |
| 25B Previous Employer | 0.00 |
| 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) | 14,535.59 |

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 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 (RA No. 10173) for legitimate and lawful purposes.

51 **MYRA V. DILIG**
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME: **YOLANDA D BANTUGAN**
Employee Signature Over Printed Name

52 **YOLANDA D BANTUGAN**
Employee Signature Over Printed Name

CTC/Valid ID No. **PRC-0126121** Place of Issue **Pampanga**

Date Signed **02 07 2024**

Date Signed **02 15 2024**

Date of Issue **09 10 1997**

Amount Paid, if CTC _____

To be accomplished under substituted filing

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.

53 **MYRA V. DILIG**
Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

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 my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my 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 **YOLANDA D BANTUGAN**
Employee Signature Over Printed Name

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



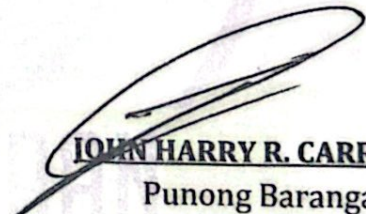
Republic of the Philippines
Province of Bataan
Municipality of Bagac
OFFICE OF THE PUNONG BARANGAY
BARANGAY PAG-ASA

TO WHOM IT MAY CONCERN:

This is to certify that FAITH HANNAH DASTAS BANTUGAN is a bonafide resident of Barangay Pag-asa Bagac, Bataan.

It is further certifies that he/she belongs to the INDIGENT FAMILY here in our Barangay.

Issued this 01st day of OCTOBER, 2024 at Brgy. Pag- asa, Bagac, Bataan, upon request of the above-named person for whatever legal purpose it may serve him/her best.


JOHN HARRY R. CARREON
Punong Barangay

