



BIR Form No. **2316**
September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld
For Compensation Payment With or Without Tax Withheld



2316 0921 ENCS

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

3 TIN **219 254 864 0235**

4 Employee's Name (Last Name, First Name, Middle Name) **SANTOS, NILDA M** 5 RDO Code **026**

6 Registered Address _____ 6A Zip Code _____

6B Local Home Address _____ 6C Zip Code _____

6D Foreign Address _____ 6E Zip Code _____

7 Date of Birth (MM/DD/YYYY) _____ 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 II - Employer Information (Present)

12 Taxpayer **000 863 958 0235**

13 Employer's Name **DEPED DIVISION OF MALABON CITY**

14 Registered Address **MAYA MAYA LONGOS MALABON** 14A Zip Code **1470**

15 Type of Employer Main Employer Secondary Employer

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 29 and 52) **442,268.88**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 37) **128,953.56**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **313,315.32**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **313,315.32**

24 Tax Due **9,497.30**

25 Amount of Taxes Withheld

25A Present Employer **9,497.30**

25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **9,497.30**

27 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (sum of Items 26 and 27) **9,497.30**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Item	Description	Amount
29	Basic Salary (including the exempt P250,000 & 60% 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)	88,880.88
35	De Minimis Benefits	0.00
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	40,072.68
37	Subsides and Other Forms of Compensation	0.00
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	128,953.56

B. TAXABLE COMPENSATION INCOME REGULAR

Item	Description	Amount
39	Basic Salary	313,315.32
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Field Housing Allowance	
44	Others (Specify)	
44A		0.00
44B		

SUPPLEMENTARY

Item	Description	Amount
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)	313,315.32

We declare, under the penalties of perjury, that the information herein stated is true and correct and that we are not aware of any other information that may be material and necessary for the proper assessment and collection of taxes thereon. Further, we give our irrevocable and exclusive authority to the Bureau of Internal Revenue to use the information herein for any purpose connected with the assessment and collection of taxes thereon.

51 **CECILLE G. CARANDANG, CEO V**
Present Employer Authorized Agent Signature Over Printed Name
Date Signed _____

CONFORME: _____

52 **NILDA M SANTOS**
Employee Signature Over Printed Name
Date Signed _____

CTC/Void ID No. _____ Place of Issue _____ Date of Issue _____ Amount Paid, # 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 filed with the Bureau of Internal Revenue.

53 **CECILLE G. CARANDANG, CEO V**
Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resources or Authorized Representative)
Date _____

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 enough 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 an ITR Form No. 1700. This has been filed pursuant to the provisions of Revenue Regulations No. 3-2002, as amended.

54 **NILDA M SANTOS**
Employee Signature Over Printed Name