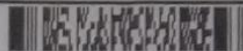



 BIR Form No.
2316
**Certificate of Compensation
 Payment/Tax Withheld**


September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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

 1 For the Year (YYYY) **2024**
 2 For the Period From (MM/DD) **01/01** To (MM/DD) **05/15**

Part I - Employee Information

3 TIN	227	425	735	0000
4 Employee's Name (Last Name, First Name, Middle Name)	SALON, MARICEL			
5 RDO Code	040			
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	610.00			
10 Statutory Minimum Wage rate per month	15,910.83			
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				

Part II - Employer Information (Present)

12 Taxpayer	148	774	342	0000
13 Employer's Name	J.G. MANPO JANITORIAL AND MESSENGERIAL SERVICES CONTRACTOR			
14 Registered Address	20-G 2ND CAMARILLA ST. MURPHY CUBAO, QUEZON CITY			
14A Zip Code	1109			
15 Type of Employer	<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> 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 38 and 52)	67,022.42
20 Less: Total Non-Taxable/Exempt Compensation income from Present Employer (From Item 38)	67,022.42
21 Taxable Compensation income from Present Employer (Item 19 Less Item 20) (From Item 52)	0.00
22 Add: Taxable Compensation income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer	
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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)		46,227.74
30 Holiday Pay (MWE)		0.00
31 Overtime Pay (MWE)		16,349.72
32 Night Shift Differential (MWE)		0.00
33 Hazard Pay (MWE)		0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)		0.00
35 De Minimis Benefits		0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		4,444.96
37 Salaries and Other Forms of Compensation		0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)		67,022.42
B. TAXABLE COMPENSATION INCOME REGULAR		
39 Basic Salary		0.00
40 Representation		
41 Transportation		
42 Cost of Living Allowance (COLA)		
43 Fixed Housing Allowance		
44 Others (Specify)		
44A		
44B		
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)		0.00

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 (R.A. No. 10173)" for legitimate and lawful purposes.

 51 JOSE VICENTE GARCIA
 Present Employer Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

SALON, MARICEL
 Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No. of Employee

Place of Issue

Date of Issue

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. 1604C which has been filed with the Bureau of Internal Revenue.

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.

 53 JOSE VICENTE GARCIA
 Present Employer/Authorized Agent Signature Over Printed Name
 (Head of Accounting/ Human Resource or Authorized Representative)

 54 SALON, MARICEL
 Employee Signature Over Printed Name