



2316 01/21 ENCS

BIR Form No.
2316

September 2021 (ENCS)

Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

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) **12 31**

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

Part I - Employee Information

3 TIN **158 819 558 0000**4 Employee's Name (Last Name, First Name, Middle Name) **MANACOP, OLIVIA MALABANAN**5 RDO Code **059**

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 **005 195 826 0000**13 Employer's Name **TANAUAN MEDICAL CENTER INC**14 Registered Address **A MABINI AVE A MABINI AVE POBLACION 4**14A Zip Code **4232**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 38 and 52) **202,383.32**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **202,383.32**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 **0.00**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 **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) **0.00**28 Total Taxes Withheld (sum of items 26 and 27) **0.00**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Amount

29 Basic Salary (including the exempt P250,000 & bc or the Statutory Minimum Wage of the MWE) **124,429.94**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) **12,200.27**35 De Minimis Benefits **52,589.40**36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **13,163.71**37 Salaries and Other Forms of Compensation **0.00**38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **202,383.32**

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 **0.00**

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 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.

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JOSE D. MAPE

Present Employer/Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

52

OLIVIA MALABANAN MANACOP

Employee Signature Over Printed Name

Date Signed

CTC/Relief 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. 1504-C which has been filed with the Bureau of Internal Revenue.

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JOSE D. MAPE

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 Return (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. 1504-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 (BIR) No. 3-2002, as amended.

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OLIVIA MALABANAN MANACOP

Employee Signature Over Printed Name