



BIR Form No. 2316 January 2018 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 01/18ENCS	
1 For the Year (YYYY) 2022				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 292 103 621 0000				A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) DE LEON, JOSE DIMAANO				5 RDO Code 018	
6 Registered Address BENEG BOTOLAN, ZAMBALES				6A Zip Code	
6B Local Home Address				6C Zip Code	
6D Foreign Address				6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 01 27 1974				8 Telephone Number	
9 Statutory Minimum Wage rate per day 0.00				27 Basic Salary (including the exempt P250,000 of the Statutory Minimum Wage of the MWE) 150,909.79	
10 Statutory Minimum Wage rate per month 0.00				28 Holiday Pay (MWE) 0.00	
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				29 Overtime Pay (MWE) 0.00	
Part II - Employer Information (Present)				30 Night Shift Differential (MWE) 0.00	
12 Taxpayer 000 844 455 0000				31 Hazard Pay (MWE) 0.00	
13 Employer's Name PHILIPPINE MERCHANT MARINE ACADEMY				32 13th Month Pay and Other Benefits (maximum of P90,000) 53,468.00	
14 Registered Address PMMA COMPLEX NATIVIDAD SAN NARCISO				33 De Minimis Benefits 36,000.00	
14A Zip Code 2205				34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) 19,898.21	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				35 Salaries & Other Forms of Compensation 0.00	
Part III - Employer Information (Previous)				36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 260,276.00	
16 TIN				B. TAXABLE COMPENSATION INCOME REGULAR	
17 Employer's Name				37 Basic Salary 0.00	
18 Registered Address				38 Representation	
18A Zip Code				39 Transportation	
Part IVA - Summary				40 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 260,276.00				41 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 260,276.00				42 Others (Specify)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 0.00				42A 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00				42B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00				SUPPLEMENTARY	
24 Tax Due 0.00				43 Commission	
25 Amount of Taxes Withheld				44 Profit Sharing	
25A Present Employer 0.00				45 Fees Including Director's Fees	
25B Previous Employer 0.00				46 Taxable 13th Month Pay Benefits 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00				47 Hazard Pay	
				48 Overtime Pay	
				49 Others (Specify)	
				49A	
				49B	
				50 Total Taxable Compensation Income (Sum of Items 37 and 49B) 0.00	
DECLARATION AND VERIFICATION					
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 LCDR LARENO B. TINGSON Present Employer/ Authorized Agent Signature Over Printed Name					
Date Signed					
CONFORME: JOSE DIMAANO DE LEON					
52 JOSE DIMAANO DE LEON Employee Signature Over Printed Name					
Date Signed					
Date of Issue					
Amount Paid, if CTC					
CTC/Valid ID No. 1290 Place of Issue PMMA, SNZ					
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 LCDR LARENO B. TINGSON 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 JOSE DIMAANO DE LEON Employee Signature Over Printed Name					

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