For BIR Use Only: DCS/ Item

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. 2316 (ENCS) September 2021

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

Fill up 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 I - Employee Information

3 TIN: 905 093 376 0000

4 Employee's Name (Last Name, First Name, Middle Name): SELIM, MA MILDRED ORTEGA

5 RDO Code: 108

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 0816

13 Employer's Name: DEPARTMENT OF EDUCATION

14 Registered Address: AMAS KIDAPAWAN

14A Zip Code: 9400

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 IV-A - Summary

19	Gross Compensation Income from Present Employer (Sum of Items 36 and 52)	512,197.75
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	175,380.46
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	336,817.29
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income (Sum of Items 21 and 22)	336,817.29
24	Tax Due	13,022.59
25	Amount of Taxes Withheld	
	25A Present Employer	13,022.59
	25B Previous Employer	0.00
26	Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	13,022.59
27	5% Tax Credit (PERA Act of 2008)	0.00
28	Total Taxes Withheld (Sum of Items 26 and 27)	13,022.59

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	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)	90,000.00
35	De Minimis Benefits	16,000.00
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	45,380.46
37	Salaries and Other Forms of Compensation	24,000.00
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	175,380.46

B. TAXABLE COMPENSATION INCOME REGULAR

3	Basic Salary	330,525.54
9	Representation	
4	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	
40	Taxable 13th Month Pay Benefits	6,291.75
49	Hazard Pay	
50	Overtime Pay	
51	Others (Specify)	
51A		
51B		
52	Total Taxable Compensation Income (Sum of Items 39 to 51B)	336,817.29

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 ROMELITO G. FLORES, CESO V
Present Employer/ Authorized Agent Signature Over Printed Name — Date Signed

CONFORME:

52 MA MILDRED ORTEGA SELIM
Employee Signature Over Printed Name — Date Signed

CTC/Valid ID No. / Exemption — 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 hereon stated are reported

53 ROMELITO G. FLORES, CESO V
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 in the BIR shall constitute as my income tax return and that BIR Form No. 2316 shall serve the same purpose as BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 MA MILDRED ORTEGA SELIM
Employee Signature Over Printed Name

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