

BIR Form No.  
**2316**

September 2021 (ENCS)

Certificate of Compensation  
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 09/21 ENCS

1 For the Year (YYYY) <b>2024</b>		2 For the Period From (MM/DD) <b>01 01</b> To (MM/DD) <b>12 31</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>	
3 TIN <b>427 569 108 0000</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>BATOON, JOHN RAFAEL AUSTRIA</b>		5 RDO Code <b>124</b>	
6 Registered Address <b>POGOMBOA AGUILAR PANGASINAN</b>		6A Zip Code	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) <b>01 03 1989</b>		8 Telephone Number	
9 Statutory Minimum Wage rate per day <b>0.00</b>		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) <b>123,868.64</b>	
10 Statutory Minimum Wage rate per month <b>0.00</b>		30 Holiday Pay (MWE) <b>0.00</b>	
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		31 Overtime Pay (MWE) <b>0.00</b>	
<b>Part II - Employer Information (Present)</b>		32 Night Shift Differential (MWE) <b>0.00</b>	
12 Taxpayer <b>007 126 651 0000</b>		33 Hazard Pay (MWE) <b>0.00</b>	
13 Employer's Name <b>RAEL KITZ CORPORATION</b>		34 13th Month Pay and Other Benefits (maximum of P90,000) <b>14,413.15</b>	
14 Registered Address <b>SAN MIGUEL CALASIAO PANGASINAN</b>		35 De Minimis Benefits <b>0.00</b>	
14A Zip Code <b>2418</b>		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>13,225.86</b>	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Salaries and Other Forms of Compensation <b>25,001.62</b>	
<b>Part III - Employer Information (Previous)</b>		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>176,509.27</b>	
16 TIN		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
17 Employer's Name		39 Basic Salary <b>0.00</b>	
18 Registered Address		40 Representation	
18A Zip Code		41 Transportation	
<b>Part IVA - Summary</b>		42 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <b>176,509.27</b>		43 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>176,509.27</b>		44 Others (Specify)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>0.00</b>		44A <b>0.00</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		44B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>0.00</b>		<b>SUPPLEMENTARY</b>	
24 Tax Due <b>0.00</b>		45 Commission	
25 Amount of Taxes Withheld		46 Profit Sharing	
25A Present Employer <b>0.00</b>		47 Fees Including Director's Fees	
25B Previous Employer <b>0.00</b>		48 Taxable 13th Month Pay Benefits <b>0.00</b>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>		49 Hazard Pay	
27 5% Tax Credit (PERA Act of 2008) <b>0.00</b>		50 Overtime Pay	
28 Total Taxes Withheld (sum of items 26 and 27) <b>0.00</b>		51 Others (Specify)	
		51A	
		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>0.00</b>	

**CERTIFIED TRUE COPY**Certified By: Jessica Mae Gutlay  
Date: 5/23/25

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" (RA No. 10173) for legitimate and lawful purposes.

51

**JESSECA MAE GUTLAY**

Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

52

**JOHN RAFAEL AUSTRIA BATOON**

Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No.  
of Employee

29475158

Place of  
Issue

Aguilar, Pang

Date of Issue

01

10

2025

Amount Paid, if CTC

Php 65.00

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.

53

**JESSECA MAE GUTLAY**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 exceeds 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

**JOHN RAFAEL AUSTRIA BATOON**