

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) **2023**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I - Employee Information

3 TIN: **339 994 447 000**

4 Employee's Name (Last Name, First Name, Middle Name): **BULANTE KRISTAL MAE MANDAGAN** RDO Code: **013**

6 Registered Address: **SMART, GONZAGA** 6A Zip Code: **3513**

6B Local Home Address: _____ 6C Zip Code: _____

6D Foreign Address: _____ 6E Zip Code: _____

7 Date of Birth (MM/DD/YYYY): **11 22 1986** 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 IV-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

	Amount
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE):	
28 Holiday Pay (MWE)	
29 Overtime Pay (MWE)	
30 Night Shift Differential (MWE)	
31 Hazard Pay (MWE)	
32 13th Month Pay and Other Benefits (maximum of P90,000)	90,000.00
33 De Minimis Benefits	11,000.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	42,542.40
35 Salaries & Other Forms of Compensation	24,000.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	167,542.40

Part II - Employer Information (Present)

12 Taxpayer: **000 550 187 000**

13 Employer's Name: **DEPED - DIVISION OF CAGAYAN**

14 Registered Address: **Regional Government Center, Carig, Tug. City** 14A Zip Code: **3500**

15 Type of Employer: Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	333,297.50
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	
42B	

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 28 and 50)	513,345.58
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	167,542.40
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	345,803.18
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	345,803.18
24 Tax Due	14,370.48
25 Amount of Taxes Withheld	
25A Present Employer	14,370.48
25B Previous Employer	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	14,370.48

SUPPLEMENTARY

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits	12,505.58
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	345,803.18

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 AILEEN D. BANUG/ACCOUNTANT III
Present Employer's Authorized Agent Signature Over Printed Name

CONFORME: BULANTE KRISTAL MAE MANDAGAN
Employee Signature Over Printed Name

CTC/Valid ID No. 1502723 Place of Issue Tug. City

Date Signed: **01 31 2024**

Date Signed: **03 12 2024**

Date of Issue: **03 14 2024**

Amount Paid, if CTC: _____

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1804C which has been filed with the Bureau of Internal Revenue.

53 AILEEN D. BANUG/ACCOUNTANT III
Present Employer's Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

Station Code: **222**

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. 1804-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 BULANTE KRISTAL MAE MANDAGAN
Employee Signature Over Printed Name

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



Republic of the Philippines
Province of Cagayan
Municipality of Gonzaga
BARANGAY SMART



OFFICE OF THE PUNONG BARANGAY

CERTIFICATE OF INDIGENCY

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that Mr./Mrs./Ms. Armando S. Bulante Jr. of legal age, single/married, resident of Barangay Smart, Gonzaga, Cagayan, belongs to an indigent family.

THIS CERTIFICATION is issued upon the request of the above-named person for whatever purpose/s it may serve.

Given this 20th day of August, 2025 at Barangay Smart, Gonzaga, Cagayan.


WALTER A. CORTES
Punong Barangay



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Facebook Page: Barangay Smart, Gonzaga, Cagayan