



2316 09/21 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 I - Employee Information

3 TIN **937 967 981 0846**

4 Employee's Name (Last Name, First Name, Middle Name) **PADUA, GERLIE G**

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

5 RDO Code **058**

6 Registered Address **BUBUYAN, LOCLOC, BAWAN, BATANGAS**

29 Basic Salary (including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) **0.00**

6A Zip Code **4201**

30 Holiday Pay (MWE) **0.00**

6B Local Home Address **BUBUYAN, LOCLOC, BAWAN, BATANGAS**

31 Overtime Pay (MWE) **0.00**

6C Zip Code **4201**

32 Night Shift Differential (MWE) **0.00**

6D Foreign Address

33 Hazard Pay (MWE) **0.00**

7 Date of Birth (MM/DD/YYYY) **03 13 1987**

34 13th Month Pay and Other Benefits (maximum of P90,000) **0.00**

8 Telephone Number **0995 4029025**

35 De Minimis Benefits **0.00**

9 Statutory Minimum Wage rate per day **0.00**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **10,436.64**

10 Statutory Minimum Wage rate per month **0.00**

37 Salaries and Other Forms of Compensation **0.00**

11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **10,436.64**

Part II - Employer Information (Present)

12 Taxpayer **441 926 511 0846**

39 Basic Salary **75,099.36**

13 Employer's Name **DEPED DIVISION OF BATANGAS PROVINCE**

40 Representation

14 Registered Address **PROVINCIAL SPORTS COMPLEX BOLBOK**

41 Transportation

14A Zip Code **4200**

42 Cost of Living Allowance (COLA)

15 Type of Employer Main Employer Secondary Employer

43 Fixed Housing Allowance

Part III - Employer Information (Previous)

16 TIN

44 Others (Specify)

17 Employer's Name

44A **0.00**

18 Registered Address

44B

18A Zip Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **85,536.00**

45 Commission

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **10,436.64**

46 Profit Sharing

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **75,099.36**

47 Fees Including Director's Fees

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

48 Taxable 13th Month Pay Benefits **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **75,099.36**

49 Hazard Pay

24 Tax Due **0.00**

50 Overtime Pay

25 Amount of Taxes Withheld

51 Others (Specify)

25A Present Employer **0.00**

51A

25B Previous Employer **0.00**

51B

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **75,099.36**

27 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (sum of items 26 and 27) **0.00**

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 Present Employer/ Authorized Agent Signature Over Printed Name **EDUARDA U. ALON**

Date Signed **01 31 2025**

52 Employee Signature Over Printed Name **GERLIE G PADUA**

Date Signed **02 10 2025**

CTC/Valid ID No of Employee **P6619355C** Place of Issue **DFA LUCENA**

Date of Issue **03 06 2024** Amount Paid, if CTC

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

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

53 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) **EDUARDA U. ALON**

54 Employee Signature Over Printed Name **GERLIE G PADUA**



REPUBLIC OF THE PHILIPPINES
Province of Batangas
Municipality of Bauan
BARANGAY LOCLOC

Office of the Barangay Council

CERTIFICATE OF INDIGENCY

To Whom It May Concern,

This is to certify that RENNAN M. PADUA
of legal age, male/female, married/single/widow, Filipino is a resident of this
Barangay, and is one of the indigents in our Barangay.

This certification is being issued upon the request of the above-named person for
SCHOLARSHIP AND LEGAL **purpose/s.**

Issued this 2nd day of AUGUST 2025, at the office of the
Punong Barangay, Barangay Locloc, Bauan, Batangas.


JOJO V. DE CASTRO
Punong Barangay

