



BIR Form No. **2316**

Certificate of Compensation Payment/Tax Withheld



For Compensation Payment With or Without Tax Withheld

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 **932 745 771 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **DIVINAGRACIA, NANCY PATRICIO** 5 RDO Code **106**

6 Registered Address **MANGAGOY BISLIG** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **03 29 1981** 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 |
|--------------------------------------------------------------------------------------------------|----------------|
| 29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) | 0. |
| 30 Holiday Pay (MWE) | 0. |
| 31 Overtime Pay (MWE) | 0. |
| 32 Night Shift Differential (MWE) | 0. |
| 33 Hazard Pay (MWE) | 0. |
| 34 13th Month Pay and Other Benefits (maximum of P90,000) | 25,827. |
| 35 De Minimis Benefits | 0. |
| 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 23,199. |
| 37 Salaries and Other Forms of Compensation | 0. |
| 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 49,026. |

Part II - Employer Information (Present)

12 Taxpayer **000 555 932 0000**

13 Employer's Name **DE LA SALLE JOHN BOSCO COLLEGE**

14 Registered Address **LA SALLE DRIVE MANGAGOY BISLIG SURIGAO DEL** 14A Zip Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

| | |
|------------------------------------|----------|
| 39 Basic Salary | 250,794. |
| 40 Representation | |
| 41 Transportation | |
| 42 Cost of Living Allowance (COLA) | |
| 43 Fixed Housing Allowance | |
| 44 Others (Specify) | |
| 44A | 0. |
| 44B | |

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 39 and 52) | 299,821.00 |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) | 49,026.76 |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) | 250,794.24 |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable | 0.00 |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) | 250,794.24 |
| 24 Tax Due | 119.14 |
| 25 Amount of Taxes Withheld | |
| 25A Present Employer | 119.14 |
| 25B Previous Employer | 0.00 |
| 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) | 119.14 |
| 27 5% Tax Credit (PERA Act of 2008) | 0.00 |
| 28 Total Taxes Withheld (sum of items 26 and 27) | 119.14 |

SUPPLEMENTARY

| | |
|---------------------------------------------------------------|------------|
| 45 Commission | |
| 46 Profit Sharing | |
| 47 Fees including Director's Fees | |
| 48 Taxable 13th Month Pay Benefits | 0.00 |
| 49 Hazard Pay | |
| 50 Overtime Pay | |
| 51 Others (Specify) | |
| 51A | |
| 51B | |
| 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) | 250,794.24 |

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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, we give our consent to the processing of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 **BEBELYN A. CAYASA**
Present Employer's Authorized Agent Signature Over Printed Name
Date Signed

CONFORME:

52 **NANCY PATRICIO DIVINAGRACIA**
Employee Signature Over Printed Name
Date Signed

CTC/Valid ID No. of Employee **8045284** Place of Issue **BISLIG CIT-1**
Date of Issue **01 30 2024** Amount Paid, if CTC **263.27**

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 **BEBELYN A. CAYASA**
Present Employer's 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 myself 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 **NANCY PATRICIO DIVINAGRACIA**
Employee Signature Over Printed Name

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