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Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

**Certificate of Compensation
Payment/Tax Withheld**
For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

BIR Form No. **2316**
September 2021 (ENCS)

For the Year (YYYY) **2024** For the Period From (MM/DD) **10 11** To (MM/DD) **12 31**

Mark all appropriate boxes with an 'X'

Part I - Employee Information				Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 TIN 939 489 317 0000				A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) AMPATUAN, NOR AYZA S				Amount	
5 RDO Code 107				29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
6 Registered Address				30 Holiday Pay (MWE)	0.00
6A Zip Code				31 Overtime Pay (MWE)	0.00
6B Local Home Address				32 Night Shift Differential (MWE)	0.00
6C Zip Code				33 Hazard Pay (MWE)	0.00
6D Foreign Address				34 13th Month Pay and Other Benefits (maximum of P90,000)	0.00
6E Zip Code				35 De Minimis Benefits	5,000.00
7 Date of Birth (MM/DD/YYYY)				36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	7,088.08
8 Telephone Number				37 Salaries and Other Forms of Compensation	5,363.64
9 Statutory Minimum Wage rate per day 0.00				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	17,451.72
10 Statutory Minimum Wage rate per month 0.00				B. TAXABLE COMPENSATION INCOME REGULAR	
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				39 Basic Salary	47,980.37
12 Taxpayer 004 395 662 0000				40 Representation	
13 Employer's Name OFFICE OF THE CHIEF MINISTER-BARMM				41 Transportation	
14 Registered Address GOV. GUT. AVE. RH-VII MAG. COT. CITY				42 Cost of Living Allowance (COLA)	
14A Zip Code 9600				43 Fixed Housing Allowance	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				44 Others (Specify)	
16 TIN				44A	0.00
17 Employer's Name				44B	
18 Registered Address				SUPPLEMENTARY	
18A Zip Code				45 Commission	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)				46 Profit Sharing	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)				47 Fees Including Director's Fees	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)				48 Taxable 13th Month Pay Benefits	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable				49 Hazard Pay	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)				50 Overtime Pay	
24 Tax Due				51 Others (Specify)	
25 Amount of Taxes Withheld				51A	
25A Present Employer				51B	
25B Previous Employer				52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	47,980.37
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)					
27 5% Tax Credit (PERA Act of 2008)					
28 Total Taxes Withheld (sum of items 26 and 27)					

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 **MARIAM M. DAUD**
Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed _____

CONFORME: *Nor Ayza Ampatuan*
52 **NOR AYZA AMPATUAN**
Employee Signature Over Printed Name
Date Signed _____

CTC/Valid ID No. _____ 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 herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

53 **MARIAM M. DAUD**
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 to 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 RA No. 10173, as amended.

54 **NOR AYZA AMPATUAN**
Employee Signature Over Printed Name

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

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For BIR BCS/

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. **2316**
September 2021 (ENCS)
For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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 **930 871 966 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **AMPATUAN, ABIN ASIM**

5 RDO Code **107**

6 Registered Address **4TH RD SPDA, D.O.S. MAGUINDANAO**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **04 10 1976**

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 **535 643 049 0000**

13 Employer's Name **MENRE, MAGUINDANAO**

14 Registered Address **GOV GUTIERREZ RH 7 COTABATO CITY**

14A Zip Code **9600**

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 IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **727,210.00**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **210,404.30**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **516,805.70**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **516,805.70**

24 Tax Due **45,861.14**

25 Amount of Taxes Withheld

25A Present Employer **45,861.14**

25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **45,861.14**

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

28 Total Taxes Withheld (sum of items 26 and 27) **45,861.14**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

29 Basic Salary (including the exempt P250,000 & be 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 **17,000.00**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **79,404.30**

37 Salaries and Other Forms of Compensation **24,000.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **210,404.30**

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary **516,805.70**

40 Representation

41 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

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) **516,805.70**

I/we declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1504-C, which has been filed with the Bureau of Internal Revenue as contemplated under the "Data Privacy Act of 2012" (RA No. 10173) for legitimate and lawful purposes.

51 Present Employer/ Authorized Agent Signature Over Printed Name **ELLAF R. NOR, CPA** Date Signed

CONFORME: **ABIN ASIM AMPATUAN** Date Signed

52 Employee Signature Over Printed Name

CTC/Valid ID No. of Employee _____ 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 herein stated are reported under BIR Form No. 1504-C, which has been filed with the Bureau of Internal Revenue as contemplated under the "Data Privacy Act of 2012" (RA No. 10173) for legitimate and lawful purposes.

53 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) **ELLAF R. NOR, CPA**

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). This BIR Form No. 1504-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 corresponding provisions of Regulations (RR) No. 19-2002, as amended.

54 **ABIN ASIM AMPATUAN** Employee Signature Over Printed Name

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

