

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 (mm) 2023

3 TIN 9391 - 1012 - 6671 - 0000

4 Employee's Name (Last Name, First Name, Middle Name) IMPUESTO, ROLANDO TECSON

5 RDO Code 1061

6 Registered Address SAN MIGUEL, SDS

6A ZIP Code 8301

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MMDDYYYY)

8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

Part II - Employer Information (Present)

12 TIN 0001 - 5691 - 2821 - 0000

13 Employer's Name LGU-SAN MIGUEL

14 Registered Address TINA, SAN MIGUEL, SDS

14A ZIP Code 8301

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 IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	230,708.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	88,494.32
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	142,213.68
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	142,213.68
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

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

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

A. NON TAXABLE/EXEMPT COMPENSATION INCOME	Amount
27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	27,244.00
33 De Minimis Benefits	16,000.00
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	21,250.32
35 Salaries and Other Forms of Compensation	24,000.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	88,494.32
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	142,213.68
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (specify)	
42A	0.00
42B	
SUPPLEMENTARY	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Benefits	0.00
47 Hazard Pay	
48 Overtime Pay	
49 Others (specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	142,213.68

I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/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 MICHAEL T. CORILLA Present Employer/Authorized Agent Signature over Printed Name Date Signed

CONFORME: 52 ROLANDO TECSON IMPUESTO Employee Signature over Printed Name Date Signed

CTC/Valid ID No. of Employee Place of Issue Date Issued 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. 1604-C which has been filed with the Bureau of Internal Revenue.

53 MICHAEL T. CORILLA 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 Return (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.

54 ROLANDO TECSON IMPUESTO Employee Signature over Printed Name

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



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

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: 418, 989, 579, 0000
4 Employee's Name: IMPUESTO, VIVIAN INTAS
5 RDO Code: 106
6 Registered Address
6A Zip Code
6B Local Home Address
6C Zip Code
6D Foreign Address
6E Zip Code
7 Date of Birth (MM/DD/YYYY)
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
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE): 139,247.70
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): 26,830.00
35 De Minimis Benefits: 17,000.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only): 21,732.30
37 Salaries and Other Forms of Compensation: 24,000.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37): 228,810.00

Part II - Employer Information (Present)
12 Taxpayer: 000, 559, 282, 0000
13 Employer's Name: LGU SAN MIGUEL
14 Registered Address: TINA SAN MIGUEL SURIGAO DEL SUR
14A Zip Code: 8301
15 Type of Employer: Main Employer

B. TAXABLE COMPENSATION INCOME REGULAR
39 Basic Salary: 0.00
40 Representation
41 Transportation
42 Cost of Living Allowance (COLA)
43 Fixed Housing Allowance
44 Others (Specify)
44A: 0.00
44B

Part III - Employer Information (Previous)
16 TIN
17 Employer's Name
18 Registered Address
18A Zip Code

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

Part IVA - Summary
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52): 228,810.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38): 228,810.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52): 0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable: 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22): 0.00
24 Tax Due: 0.00
25 Amount of Taxes Withheld
25A Present Employer: 0.00
25B Previous Employer: 0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B): 0.00
27 5% Tax Credit (PERA Act of 2008): 0.00
28 Total Taxes Withheld (sum of items 26 and 27): 0.00

52 Total Taxable Compensation Income (Sum of Items 39 to 51B): 0.00

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 MICHAEL T. CORILLA
Present Employer/ Authorized Agent Signature Over Printed Name
CONFORME:
52 VIVIAN INTAS IMPUESTO
Employee Signature Over Printed Name
CTC/Valid ID No. of Employee
Place of Issue

Date Signed
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. 1604-C which has been filed with the Bureau of Internal Revenue.
53 MICHAEL T. CORILLA
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 if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
54 VIVIAN INTAS IMPUESTO
Employee Signature Over Printed Name