2316
September 2021 (ENCS)

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

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: 219 012 506 0000

4 Employee's Name (Last Name, First Name, Middle Name): COLARINA, MARIE GRACE HUAB

5 RDO Code: 066

6 Registered Address: ZONE 4 SIRAMAG BALATAN CAMARINES SUR

6A Zip Code:

6B Local Home Address:

6C Zip Code:

6D Foreign Address:

6E Zip Code:

7 Date of Birth (MM/DD/YYYY): 01 02 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: 001 002 068 0000

13 Employer's Name: MUNICIPAL GOVERNMENT OF BALATAN

14 Registered Address: DURAN BALATAN CAMARINES SUR

14A Zip Code: 4436

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)*	187,918.45
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	187,918.45
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

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 & be or the Statutory Minimum Wage of the MWE	109,007.28
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)*	26,251.00
35	De Minimis Benefits	12,000.00
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	16,660.17
37	Salaries and Other Forms of Compensation	24,000.00
38	Total Non-Taxable/Exempt Compensation Income *(Sum of Items 29 to 37)*	187,918.45

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	

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)*	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 ATTY. JESON B. SIANO
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed: 01-31-2025

CONFORME:

52 MARIE GRACE HUAB COLARINA
Employee Signature Over Printed Name

Date Signed: 02 03 2025

CTC/Valid ID No. of Employee: 10446694 Place of Issue: BALATAN CS Date of Issue: 02 04 2025

Amount Paid, if CTC: N/A

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 ATTY. JESON B. SIANO
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 MARIE GRACE HUAB COLARINA
Employee Signature Over Printed Name