



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



September 2021(ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

3 TIN **188 - 651 - 545 - 0000**  
4 Employee's Name (Last Name, First Name, Middle Name) **PAGADUAN, MARICHRIS TOBIAS, .** 5 RDO Code **041**  
6 Registered Address \_\_\_\_\_ 6A ZIP Code \_\_\_\_\_  
6B Local Home Address \_\_\_\_\_ 6C ZIP Code \_\_\_\_\_  
6D Foreign Address \_\_\_\_\_  
7 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ 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 **009 - 363 - 619 - 0000**  
13 Employer's Name **ALLIED CARE EXPERTS ACE MEDICAL CENTER - MANDALUYONG INC**  
14 Registered Address **145 HAIG ST BRGY DAANG BAKAL MANDALUYONG CITY METRO MANILA** 14A ZIP Code **1550**  
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		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
	Amount		Amount
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	<b>430,208.43</b>	29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	<b>250,000.00</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	<b>349,663.86</b>	30 Holiday Pay (MWE)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	<b>80,544.57</b>	31 Overtime Pay (MWE)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>	32 Night Shift Differential (MWE)	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>80,544.57</b>	33 Hazard Pay (MWE)	
24 Tax Due	<b>0.00</b>	34 13th Month Pay and Other Benefits (maximum of P90,000)	<b>23,295.39</b>
25 Amount of Taxes Withheld	<b>0.00</b>	35 De Minimis Benefits	<b>66,704.61</b>
25A Present Employer	<b>0.00</b>	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>9,663.86</b>
25B Previous Employer, if applicable	<b>0.00</b>	37 Salaries and Other Forms of Compensation	<b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<b>349,663.86</b>
27 5% Tax Credit (PERA Act of 2008)	<b>0.00</b>	B. TAXABLE COMPENSATION INCOME REGULAR	
28 Total Taxes Withheld (Sum of Items 26 and 27)	<b>0.00</b>	39 Basic Salary	<b>37,200.19</b>
		40 Representation	
		41 Transportation	
		42 Cost of Living Allowance (COLA)	
		43 Fixed Housing Allowance	
		44 Others (specify)	
		44A	<b>48.00</b>
		44B	
		SUPPLEMENTARY	
		45 Commission	
		46 Profit Sharing	
		47 Fees Including Director's Fees	
		48 Taxable 13th Month Benefits	<b>43,296.39</b>
		49 Hazard Pay	
		50 Overtime Pay	
		51 Others (specify)	
		51A	
		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<b>80,544.57</b>

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.

53 **DR. ALEXANDER L. CUEVAS** Date Signed \_\_\_\_\_  
Present Employer/Authorized Agent Signature over Printed Name  
CONFORME:  
54 **MARICHRIS TOBIAS . PAGADUAN** Date Signed \_\_\_\_\_  
Employee Signature over Printed Name  
CTC/Valid ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount paid, if CTC \_\_\_\_\_  
of Employee

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.  
55 **DR. ALEXANDER L. CUEVAS**  
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.  
**MARICHRIS TOBIAS . PAGADUAN**  
Employee Signature over Printed Name

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