



Certificate of Compensation Payment/Tax Withheld

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

<p>1 For the Year (YYYY) ▶ 2024</p>	<p>2 For the Period From (MM/DD) ▶ 01 01 To (MM/DD) ▶ 12 31</p>																																																																																				
<p>Part I Employee Information</p> <p>3 Taxpayer Identification No. ▶ 466 504 800</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code MAYUELA, SHEILA ARCAMO</p> <p>6 Registered Address 6A Zip Code</p> <p>6B Local Home Address 6C Zip Code</p> <p>6D Foreign Address 6E Zip Code</p> <p>7 Date of Birth (MM/DD/YYYY) 8 Telephone Number</p> <p>9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married</p> <p>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</p> <p>12 Statutory Minimum Wage rate per day 12</p> <p>13 Statutory Minimum Wage rate per month 13</p> <p>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p>																																																																																					
<p>Part II Employer Information (Present)</p> <p>15 Taxpayer Identification No. ▶ 437 342 781 0000</p> <p>16 Employer's Name DEPARTMENT OF EDUCATION - ZN DIVISION</p> <p>17 Registered Address 17A Zip Code CAPITOL DRIVE, ESTAKA, DIPOLOG CITY 7100</p> <p><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>																																																																																					
<p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No. ▶</p> <p>19 Employer's Name</p> <p>20 Registered Address 20A Zip Code</p>																																																																																					
<p>Part IV-A Summary</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>21 Gross Compensation Income from Present Employer (Item 4 plus Item 5)</td><td style="text-align:right">481,215.38</td></tr> <tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td style="text-align:right">150,672.84</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 5)</td><td style="text-align:right">330,542.54</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td></td></tr> <tr><td>25 Gross Taxable Compensation Income</td><td style="text-align:right">330,542.54</td></tr> <tr><td>26 Less: Total Exemptions</td><td style="text-align:right">.00</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td><td style="text-align:right">0.00</td></tr> <tr><td>28 Net Taxable Compensation Income</td><td style="text-align:right">331,542.54</td></tr> <tr><td>29 Tax Due</td><td style="text-align:right">12,231.38</td></tr> <tr><td>30 Amount of Taxes Withheld</td><td></td></tr> <tr><td>30A Present Employer</td><td style="text-align:right">12,231.38</td></tr> <tr><td>30B Previous Employer</td><td></td></tr> <tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td style="text-align:right">12,231.38</td></tr> </table>		21 Gross Compensation Income from Present Employer (Item 4 plus Item 5)	481,215.38	22 Less: Total Non-Taxable/Exempt (Item 41)	150,672.84	23 Taxable Compensation Income from Present Employer (Item 5)	330,542.54	24 Add: Taxable Compensation Income from Previous Employer		25 Gross Taxable Compensation Income	330,542.54	26 Less: Total Exemptions	.00	27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00	28 Net Taxable Compensation Income	331,542.54	29 Tax Due	12,231.38	30 Amount of Taxes Withheld		30A Present Employer	12,231.38	30B Previous Employer		31 Total Amount of Taxes Withheld As adjusted	12,231.38																																																										
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<p>I 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 Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>56 <u>ARVIE M. OMPOY, CPA</u> Present Employer/Authorized Agent Signature Over Printed Name Date Signed</p> <p>57 <u>SHEILA A MAYUELA</u> Employee Signature Over Printed Name Date of Issue Amount Paid</p>																																																																																					
<p>To be accomplished under substituted filing</p> <p>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604-CF which has been filed with the Bureau of Internal Revenue.</p> <p>58 <u>ARVIE M. OMPOY, CPA</u> Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p> <p>I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by employer (tax due equals tax withheld); that the BIR Form No. 1604-CF 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 had been filed pursuant to the provisions of R.R. No. 3-2002, as amended.</p> <p>59 <u>SHEILA A MAYUELA</u> Employee Signature Over Printed Name</p>																																																																																					



Republic of the Philippines
PROVINCE OF ZAMBOANGA DEL NORTE
Municipality of Katipunan
Barangay Mias

OFFICE OF THE PUNONG BARANGAY

CERTIFICATION OF INDIGENCY

This is to certify that, ARNEL S. MAYUELA, of legal age, male, married, Filipino, resident of Purok 3, Barangay Mias, Katipunan, Zamboanga Del Norte is known to that he belongs to indigent.

This certification is issued upon the request of aboved-mentioned name for whatever legal purpose.

Given this 8th day of September , 2025 , at the Office of the Punong Barangay, Mias, Katipunan, Zamboanga Del Norte, Philippines.

FUR: 
HON. LURIEBBE A. SASUMAN
Punong Barangay



SANGGUNIANG BARANGAY OF BARANGAY MIAS

HON. LURIEBBE A. SASUMAN
PUNONG BARANGAY

HON. NIEL D. BATION
SANGGUNIANG BARANGAY MEMBER
Purok 1 COORDINATOR
Chairman on Environment and
sanitation

HON. CHYRBIE B. ANTENERO
SANGGUNIANG BARANGAY MEMBER
Purok 2 COORDINATOR
Chairman on Infrastructure

HON. LEONORA B. CALISAS
SANGGUNIANG BARANGAY MEMBER
Purok 5 COORDINATOR
Chairman on Finance, ways and means,
women and gender development

HON. RAFAEL O. SOMODA
SANGGUNIANG BARANGAY MEMBER
Purok 6 COORDINATOR
Chairman on Education

HON. STEWART C. RIZON
SANGGUNIANG BARANGAY MEMBER
Purok 3 COORDINATOR
Chairman on Peace and Order
ERPAT

HON. SILVERIO I. CANDELASA
SANGGUNIANG BARANGAY MEMBER
Purok 7 COORDINATOR
Chairman on Agriculture

HON. ERNESTO J. ARCAMO
SANGGUNIANG BARANGAY MEMBER
Purok 4 COORDINATOR
Chairman on Health

SCOTT RUSSELL E. RIZON
Sangguniang Kabataan Chairman

ESMERALDO BAGSICAN
IPMR

JONAH P. JARDIN
Barangay Secretary

MARIA TZARMELLE I. PAILAGA
Barangay Treasurer