

For BIR Use Only BCS/ Item:



Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



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

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

3 TIN 282 098 060 0000
4 Employee's Name (Last Name, First Name, Middle Name) PUTONG, LANILDA MORACA
5 RDO Code 080
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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
Table with columns: Item, Amount
29 Basic Salary (including the exempt P250,000 & below 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 16,000.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 47,934.35
37 Salaries and Other Forms of Compensation 0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 153,934.35

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 Taxpayer 000 863 958 0981
13 Employer's Name DEPARTMENT OF EDUCATION CULTURE AND SPORT
14 Registered Address OLD MUNICIPAL HALL/BWD SAN VICENTE ST SAN
14A Zip Code 6010
15 Type of Employer Main Employer Secondary Employer

39 Basic Salary 350,261.65
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)

SUPPLEMENTARY

16 TIN
17 Employer's Name
18 Registered Address
18A Zip Code

45 Commission
46 Profit Sharing
47 Fees Including Director's Fees
48 Taxable 13th Month Pay Benefits 9,485.76
49 Hazard Pay
50 Overtime Pay
51 Others (Specify)
51A
51B
52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 359,747.41

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 513,681.76
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 153,934.35
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 359,747.41
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 359,747.41
24 Tax Due 17,445.99
25 Amount of Taxes Withheld
25A Present Employer 17,445.99
25B Previous Employer 0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 17,445.99
27 5% Tax Credit (PERA Act of 2008) 0.00
28 Total Taxes Withheld (sum of items 26 and 27) 17,445.99

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 Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: ATTY. PHILIP M. CONDOR
52 Employee Signature Over Printed Name LANILDA MORACA PUTONG
CTC/Valid ID No. of Employee 11062813 Place of Issue

Date Signed FEB 2025
Date Signed 02/10/2025
Date of Issue 07/09/2010
Amount Paid, if CTC

To be accomplished under substituted filing

53 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resources or Authorized Representative) ATTY. PHILIP M. CONDOR

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 LANILDA MORACA PUTONG Employee Signature Over Printed Name

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

