



For BIR BCS/  
Use Only Items

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**

3 TIN 931 - 794 - 408

4 Employee's Name (Last Name, First Name, Middle Name) VERGARA, VERONICA NOORA

5 RDO Code         

6 Registered Address 26, BOBBERMAN SAN FERNANDO C.S

6A ZIP Code 4414

6B Local Home Address 26, BOBBERMAN SAN FERNANDO C.S

6C ZIP Code 4414

6D Foreign Address         

7 Date of Birth (MM/DD/YYYY) 08/24/1980

8 Contact Number 09992436126

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 001 - 745 - 856 - 0000

13 Employer's Name DEPE CAMARINES SUR

14 Registered Address PILI CAMARINES SUR

14A ZIP Code 4418

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) 519,304.90

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 180,917.52

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 338,387.38

22 Add: Taxable Compensation Income from Previous Employer, if applicable         

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 338,387.38

24 Tax Due 13,258.11

25 Amount of Taxes Withheld

25A Present Employer 13,258.11

25B Previous Employer, if applicable         

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 13,258.11

27 5% Tax Credit (PERA Act of 2008)         

28 Total Taxes Withheld (Sum of Items 26 and 27) 13,258.11

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	
31 Overtime Pay (MWE)	
32 Night Shift Differential (MWE)	
33 Hazard Pay (MWE)	
34 13th Month Pay and Other Benefits (maximum of P90,000)	90,000.00
35 De Minimis Benefits	
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	16,000.00 44,917.52
37 Salaries and Other Forms of Compensation	30,000.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	180,917.52

B. TAXABLE COMPENSATION INCOME REGULAR	Amount
39 Basic Salary	326,950.48
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	
44A	
44B	

SUPPLEMENTARY	Amount
45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Benefits	11,438.90
49 Hazard Pay	
50 Overtime Pay	0.00
51 Others (specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	338,387.38

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 GERLIE V. CANAS  
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:  
54 VERONICA N. VERGARA  
Employee Signature over Printed Name

GTC/Valid ID No. of Employee 0706272 Place of Issue LEWASPI CITY

Date Signed 1 28 2025

Date Signed 1 28 2025

Date Issued 08 24 2024 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.

55 GERLIE V. CANAS  
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.

56 VERONICA VERGARA  
Employee Signature over Printed Name