



For BIR BCS/  
Use Only Item:

BIR Form No.  
**2316**  
September 2021(ENCS)

### Certificate of Compensation Payment/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 (MMDD)	01 01	To (MMDD)	12 31
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**Part I - Employee Information**

3 TIN: 515 - 7831 - 1108

4 Employee's Name (Last Name, First Name, Middle Name): **ALBA LATE, DHORALYN LATONIO**

5 RDO Code: [ ]

6 Registered Address: **ZONE 3, CALACING, LUPI, CAMARINES SUR**

6A ZIP Code: **44109**

6B Local Home Address: **ZONE 3, CALACING, LUPI, CAMARINES SUR**

6C ZIP Code: **44109**

6D Foreign Address: **N/A**

7 Date of Birth (MM/DD/YYYY): **12 01 1973**

8 Contact Number: **09167122955816**

9 Statutory Minimum Wage rate per day: **1,633.83**

10 Statutory Minimum Wage rate per month: **49,015.00**

11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

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)	
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 49,063.52
37 Salaries and Other Forms of Compensation	30,000.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	185,063.52

**Part II - Employer Information (Present)**

12 TIN: 001 - 745 - 1056 - 00001

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

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	358,856.48
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	
44A	
44B	

**Part III - Employer Information (Previous)**

16 TIN: [ ]

17 Employer's Name: **BEL-CRUZ ELEMENTARY SCHOOL**

18 Registered Address: **BEL-CRUZ, LUPI, CAMARINES SUR**

18A ZIP Code: **44109**

**SUPPLEMENTARY**

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Benefits	6,436.90
49 Hazard Pay	
50 Overtime Pay	0.00
51 Others (specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	365,293.38

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52)	550,356.90
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	185,063.52
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	365,293.38
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	365,293.38
24 Tax Due	17,294.01
25 Amount of Taxes Withheld	17,294.01
25A Present Employer	
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	17,294.01
27 5% Tax Credit (PERA Act of 2008)	
28 Total Taxes Withheld (Sum of Items 26 and 27)	17,294.01

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 Present Employer/Authorized Agent Signature over Printed Name: **GERLITA V. CANAS** Date Signed: **11 28 2025**

CONFORME: 54 Employee Signature over Printed Name: **DHORALYN L. ALBALATE** Date Signed: **11 28 2025**

CTC/Valid ID No. of Employee: **0072959** Place of Issue: **LEGASPI CITY** Date Issued: **06 17 1997** 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 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative): **GERLITA V. CANAS**

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. 1604-C had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 **DHORALYN ALBALATE**  
Employee Signature over Printed Name

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