



BIR Form No. <b>2316</b> September 2021 (ENCS)	<h2 style="margin: 0;">Certificate of Compensation Payment/Tax Withheld</h2> <p style="font-size: small; margin: 0;">For Compensation Payment With or Without Tax Withheld</p>	<p style="font-size: x-small; margin: 0;">2316 9/21 ENCS</p>
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<b>1</b> For the Year (YYYY) <span style="border: 1px solid black; padding: 2px;">2 0 2 4</span>	<b>2</b> For the Period From (MM/DD) <span style="border: 1px solid black; padding: 2px;">01 01</span> To (MM/DD) <span style="border: 1px solid black; padding: 2px;">12 31</span>
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Part I - Employee Information

<b>3</b> TIN <span style="border: 1px solid black; padding: 2px;">218 - 814 - 980</span>	<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <span style="border: 1px solid black; padding: 2px;">JAVIER, JONATHAN JALOS</span>
<b>5</b> RDO Code <span style="border: 1px solid black; padding: 2px;"></span>	<b>6</b> Registered Address <span style="border: 1px solid black; padding: 2px;">24 E BONIFACIO MANAYAN ST. L.C</span>
<b>6A</b> ZIP Code <span style="border: 1px solid black; padding: 2px;">4301</span>	<b>6B</b> Local Home Address <span style="border: 1px solid black; padding: 2px;"></span>
<b>6C</b> ZIP Code <span style="border: 1px solid black; padding: 2px;"></span>	<b>6D</b> Foreign Address <span style="border: 1px solid black; padding: 2px;"></span>
<b>7</b> Date of Birth (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">10/10/1973</span>	<b>8</b> Contact Number <span style="border: 1px solid black; padding: 2px;">09082184375</span>
<b>9</b> Statutory Minimum Wage rate per day <span style="border: 1px solid black; padding: 2px;"></span>	<b>10</b> Statutory Minimum Wage rate per month <span style="border: 1px solid black; padding: 2px;"></span>
<b>11</b> <input type="checkbox"/> 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	Amount
<b>29</b> Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
<b>30</b> Holiday Pay (MWE)	
<b>31</b> Overtime Pay (MWE)	
<b>32</b> Night Shift Differential (MWE)	
<b>33</b> Hazard Pay (MWE)	
<b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000)	50,943.00
<b>35</b> De Minimis Benefits	21,000.00
<b>36</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	22,847.12
<b>37</b> Salaries and Other Forms of Compensation	23,900.00
<b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	118,690.12
B. TAXABLE COMPENSATION INCOME REGULAR	
<b>39</b> Basic Salary	155,503.34
<b>40</b> Representation	
<b>41</b> Transportation	
<b>42</b> Cost of Living Allowance (COLA)	
<b>43</b> Fixed Housing Allowance	
<b>44</b> Others (specify)	
<b>44A</b>	
<b>44B</b>	
SUPPLEMENTARY	
<b>45</b> Commission	
<b>46</b> Profit Sharing	
<b>47</b> Fees Including Director's Fees	
<b>48</b> Taxable 13th Month Benefits	
<b>49</b> Hazard Pay	
<b>50</b> Overtime Pay	
<b>51</b> Others (specify)	
<b>51A</b>	
<b>51B</b>	
<b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B)	155,503.34

Part II - Employer Information (Present)

<b>12</b> TIN <span style="border: 1px solid black; padding: 2px;">000 - 633 - 148</span>	<b>13</b> Employer's Name <span style="border: 1px solid black; padding: 2px;">PROVINCIAL GOVERNMENT OF QUEZON</span>
<b>14</b> Registered Address <span style="border: 1px solid black; padding: 2px;">CAPITOL COMPOUND LUCENA CITY</span>	<b>14A</b> ZIP Code <span style="border: 1px solid black; padding: 2px;">4301</span>
<b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	

Part III - Employer Information (Previous)

<b>16</b> TIN <span style="border: 1px solid black; padding: 2px;"></span>	<b>17</b> Employer's Name <span style="border: 1px solid black; padding: 2px;"></span>
<b>18</b> Registered Address <span style="border: 1px solid black; padding: 2px;"></span>	<b>18A</b> ZIP Code <span style="border: 1px solid black; padding: 2px;"></span>

Part IVA - Summary

<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	274,193.46
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	118,690.12
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	155,503.34
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	-
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	155,503.34
<b>24</b> Tax Due	-
<b>25</b> Amount of Taxes Withheld	-
<b>25A</b> Present Employer	-
<b>25B</b> Previous Employer, if applicable	-
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	-
<b>27</b> 5% Tax Credit (PERA Act of 2008)	-
<b>28</b> Total Taxes Withheld (Sum of Items 26 and 27)	-

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.

<b>53</b> <u>MARY GRACE L. GORDULA</u> PROVINCIAL ACCOUNTANT Present Employer/Authorized Agent Signature over Printed Name	Date Signed <span style="border: 1px solid black; padding: 2px;"></span>
<b>54</b> <u>JAVIER, JONATHAN JALOS</u> Employee Signature over Printed Name	Date Signed <span style="border: 1px solid black; padding: 2px;">01/28/2025</span>
CTC/Valid ID No. of Employee <span style="border: 1px solid black; padding: 2px;">009-95-05236</span>	Place of Issue <span style="border: 1px solid black; padding: 2px;">LUCENA CITY</span>
	Date Issued <span style="border: 1px solid black; padding: 2px;">10/10/2024</span>

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.  <b>55</b> <u>MARY GRACE L. GORDULA</u> PROVINCIAL ACCOUNTANT 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.  <b>56</b> <u>JAVIER, JONATHAN JALOS</u> Employee Signature over Printed Name
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