



2316 09/21 ENCS

BIR Form No. **2316**

**Certificate of Compensation Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

September 2021 (ENCS)

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

For the Year (YYYY) **2024**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

**Part I - Employee Information**

TIN **193 652 905 0000**

Employee's Name (Last Name, First Name, Middle Name) **MUSTAPHA, ALKASARY H** 5 RDO Code **109**

Registered Address 6A Zip Code

Local Home Address 6C Zip Code

Foreign Address 6E Zip Code

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

**Part IV-B Details of Compensation Income and 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)	<b>0.00</b>
30 Holiday Pay (MWE)	<b>0.00</b>
31 Overtime Pay (MWE)	<b>0.00</b>
32 Night Shift Differential (MWE)	<b>0.00</b>
33 Hazard Pay (MWE)	<b>0.00</b>
34 13th Month Pay and Other Benefits (maximum of P90,000)	<b>73,427.36</b>
35 De Minimis Benefits	<b>16,000.00</b>
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>32,203.62</b>
37 Salaries and Other Forms of Compensation	<b>24,000.00</b>
<b>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</b>	<b>145,630.98</b>

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

12 Taxpayer **000 535 643 0108**

13 Employer's Name **DENR-PENRO SULTAN KUDARAT**

14 Registered Address **KENRAM ISULAN SULTAN KUDARAT** 14A Zip Code **9805**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	<b>173,008.38</b>
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (Specify)	
44A	<b>0.00</b>
44B	

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

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

**SUPPLEMENTARY**

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Pay Benefits	<b>0.00</b>
49 Hazard Pay	
50 Overtime Pay	
51 Others (Specify)	
51A	
51B	
<b>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</b>	<b>173,008.38</b>

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	<b>318,639.36</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	<b>145,630.98</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	<b>173,008.38</b>
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>173,008.38</b>
24 Tax Due	<b>0.00</b>
25 Amount of Taxes Withheld	
25A Present Employer	<b>0.00</b>
25B Previous Employer	<b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>
27 5% Tax Credit (PERA Act of 2008)	<b>0.00</b>
28 Total Taxes Withheld (sum of items 26 and 27)	<b>0.00</b>

I/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 (R.A. No. 10173) for legitimate and lawful purposes.

51 **PRINCESS NERISA V. ABELLA VITO**  
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

52 **ALKASARY H MUSTAPHA**  
Employee Signature Over Printed Name

CTC/Valid ID No. of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Date of Issue \_\_\_\_\_

Amount Paid, if CTC \_\_\_\_\_

**To be accomplished under substituted filing**

53 **PRINCESS NERISA V. ABELLA VITO**  
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

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 **ALKASARY H MUSTAPHA**  
Employee Signature Over Printed Name