For BIR Use Only | BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

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

Certificate of Compensation Payment/Tax Withheld

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): 2025

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

Part I - Employee Information

3 TIN: 349 052 589 0000

4 Employee's Name (Last Name, First Name, Middle Name): GENUINO, JEREMIAH JOHN MACADAT

5 RDO Code: 054

6 Registered Address: B30 L7 DOROTHEA 2 CALUBCOB NAIC CAVITE

6A Zip Code:

6B Local Home Address:

6C Zip Code:

6D Foreign Address:

6E Zip Code:

7 Date of Birth (MM/DD/YYYY): 09 14 1998

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 II - Employer Information (Present)

12 Taxpayer: 004 593 174 0000

13 Employer's Name: PRESIDENT EMILIO AGUINALDO MEDICAL FOUNDATION INC

14 Registered Address: SALITRAN II DASMARIÑAS CITY CAVITE

14A Zip Code: 4114

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)*	216,784.30
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	43,906.99
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	172,877.31
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income *(Sum of Items 21 and 22)*	172,877.31
24	Tax Due	0.00
25	Amount of Taxes Withheld	
25A	Present Employer	0.00
25B	Previous Employer	0.00
26	Total Amount of Taxes Withheld as adjusted *(Sum of Items 25A and 25B)*	0.00
27	5% Tax Credit (PERA Act of 2008)	0.00
28	Total Taxes Withheld (sum of items 26 and 27)	0.00

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

		Amount
A.	**NON-TAXABLE/EXEMPT COMPENSATION INCOME**	
29	Basic Salary (including the exempt P250,000 & bel 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)*	13,451.87
35	De Minimis Benefits	6,044.35
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	16,369.84
37	Salaries and Other Forms of Compensation	8,040.93
38	Total Non-Taxable/Exempt Compensation Income *(Sum of Items 29 to 37)*	43,906.99
B.	**TAXABLE COMPENSATION INCOME REGULAR**	
39	Basic Salary	139,008.20
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Fixed Housing Allowance	
44	Others *(Specify)*	
44A		33,869.11
44B		
	SUPPLEMENTARY	
45	Commission	
46	Profit Sharing	
47	Fees Including Director's Fees	
48	Taxable 13th Month Pay Benefits	0.00
49	Hazard Pay	
50	Overtime Pay	
51	Others *(Specify)*	
51A		
51B		
52	Total Taxable Compensation Income *(Sum of Items 39 to 51B)*	172,877.31

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 MA. CORAZON A. BACOL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed: 01 03 2026

CONFORME:

52 JEREMIAH JOHN MACADAT GENUINO

Date Signed: