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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): 2024

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

Part I - Employee Information

3 TIN: 407 048 303 0000

4 Employee's Name (Last Name, First Name, Middle Name): CORDA, JESYL MAE ILALIM

5 RDO Code: 099

6 Registered Address

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 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 II - Employer Information (Present)

12 Taxpayer: 000 631 162 0000

13 Employer's Name: MUNICIPAL GOVERNMENT OF MARAMAG

14 Registered Address: ANAHAWON MARAMAG BUKIDNON

14A Zip Code: 8714

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)	248,312.00
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	118,871.65
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	129,440.35
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income (Sum of Items 21 and 22)	129,440.35
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 & below 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)	82,929.64
35	De Minimis Benefits	16,000.00
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	19,942.01
37	Salaries and Other Forms of Compensation	0.00
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	118,871.65
B. TAXABLE COMPENSATION INCOME REGULAR		
39	Basic Salary	129,440.35
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Fixed Housing Allowance	
44	Others (Specify)	
44A		0.00
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)	129,440.35

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 ATTY. JOSE JOEL F. DOROMAL / Municipal Mayor
Present Employer/ Authorized Agent Signature Over Printed Name — Date Signed

CONFORME:

52 JESYL MAE ILALIM CORDA
Employee Signature Over Printed Name — Date Signed

CTC/Valid ID No. of Employee — Place of Issue — Date of Issue — 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. 1604C which has been filed with the Bureau of Internal Revenue.

53 LISA JANE B. ARANAS, CPA, CrFA / Municipal 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 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 BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 JESYL MAE ILALIM CORDA
Employee Signature Over Printed Name

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

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Certificate of Compensation Payment/Tax Withheld

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2316 9/21ENCS

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: 947 - 003 - 340 - 0000

4 Employee's Name (Last Name, First Name, Middle Name): CORDA, ROBENSON, ARCEO

5 RDO Code: 098

6 Registered Address: PUROK 3 Bonifacio North Poblacion Maramag Bukidnon

6A ZIP Code: 8714

6B Local Home Address:

6C ZIP Code:

6D Foreign Address:

7 Date of Birth (MM/DD/YYYY): 06 27 1979

8 Contact Number: 9362313340

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: 459 - 100 - 078 - 00000

13 Employer's Name: KAAMULAN MULTIPURPOSE COOPERATIVE

14 Registered Address: NATIONAL HIGHWAY BALOY CAGAYAN DE ORO MISAMIS ORIENTAL

14A ZIP Code: 9000

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)	416,630.78
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	227,130.12
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	189,500.66
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income (Sum of Items 21 and 22)	189,500.66
24	Tax Due	0.00
25	Amount of Taxes Withheld	
25A	Present Employer	0.00
25B	Previous Employer, if applicable	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 & 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)	82,162.47
35	De Minimis Benefits	116,009.28
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	26,263.22
37	Salaries and Other Forms of Compensation	2,695.15
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	227,130.12
	B. TAXABLE COMPENSATION INCOME REGULAR	
39	Basic Salary	189,500.66
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Fixed Housing Allowance	
44	Others (specify)	
44A		0.00
44B		
	SUPPLEMENTARY	
45	Commission	
46	Profit Sharing	
47	Fees Including Director's Fees	
48	Taxable 13th Month 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)	189,500.66

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 VINCENT JOHN A. ELAGO
Present Employer/Authorized Agent Signature over Printed Name — Date Signed

CONFORME:

54 ROBENSON ARCEO CORDA
Employee Signature over Printed Name — Date Signed

CTC/Valid ID No. of Employee: TIN 947003340 — Place of Issue: Cagayan de Oro — Date Issued — 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 VINCENT JOHN A. ELAGO
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 ROBENSON ARCEO CORDA
Employee Signature over Printed Name

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