



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

**Certificate of Compensation
Payment/Tax Withheld**



2316 9/21/ENC5

For BIR BCS/
Use Only Item:

BIR Form No.
2316

September 2021 (ENC5)

For Compensation Payment With or Without Tax Withheld

2 For the Period 01 01 To (MM/DD) 04 23

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

1 For the Year (YYYY) **2025**

Part I - Employee Information

3 TIN **294 - 145 - 767 - 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ANDRADA, JOHWIL JAY, ENCAJA**

5 RDO Code **057**

6 Registered Address **BLK 7 LOT 59 CELINA PLAINS SUBD BRGY POOC ROSA LAGUNA**

6A ZIP Code **4026**

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **12 14 1987**

8 Contact Number **0**

9 Statutory Minimum Wage rate per day **600.00**

10 Statutory Minimum Wage rate per month **15,650.00**

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 **009 - 296 - 844 - 00000**

13 Employer's Name **GDE INTEGRATED HR MANAGEMENT SOLUTIONS INC**

14 Registered Address **1839B NATIONAL HIGHWAY BRGY DITA CITY OF SANTA ROSA LAGUNA**

14A ZIP Code **4026**

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 IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **52,605.80**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **52,605.80**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **0.00**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

24 Tax Due **0.00**

25 Amount of Taxes Withheld **0.00**

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

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE **25,515.32**

30 Holiday Pay (MWE) **1,680.00**

31 Overtime Pay (MWE) **18,200.00**

32 Night Shift Differential (MWE) **0.00**

33 Hazard Pay (MWE) **0.00**

34 13th Month Pay and Other Benefits (maximum of P90,000) **2,840.00**

35 De Minimis Benefits **0.00**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **4,370.48**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **52,605.80**

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary **0.00**

40 Representation

41 Transportation

42 Cost of Living Allowance (COLA)

43 Fixed Housing Allowance

44 Others (specify) **0.00**

44A

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) **0.00**

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 **AILEEN D. MASANGKAY**
Present Employer/Authorized Agent Signature over Printed Name

Date Signed **01 31 2022**

CONFORME: 54 **JOHWIL JAY ENCAJA ANDRADA**
Employee Signature over Printed Name

Date Signed **06 04 2022**

CTC/Valid ID No. of Employee **SSS 0417081214**

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. 1804-C which has been filed with the Bureau of Internal Revenue.

55 **AILEEN D. MASANGKAY**
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. 1804-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.

JOHWIL JAY ENCAJA ANDRADA
Employee Signature over Printed Name

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