



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	
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 949 189 862 0077					
4 Employee's Name (Last Name, First Name, Middle Name) SALBIBIA, CHARLYMAINE VILLAVICENCIO		5 RDO Code 077			
6 Registered Address BARANGAY HABA, CANDONI, NEG. OCC.		6A Zip Code 6110			
6B Local Home Address BARANGAY HABA, CANDONI, NEG. OCC.		6C Zip Code 6110			
6D Foreign Address		6E Zip Code			
7 Date of Birth (MM/DD/YYYY) 0 7 1 4 1 9 8 1		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 000 863 958 0740					
13 Employer's Name DEPED - DIVISION OF NEGROS OCCIDENTAL					
14 Registered Address COTTAGE ROAD, BACOLOD CITY		14A Zip Code 6100			
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)		561,680.00			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		187,723.00			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		373,957.00			
22 Add: Taxable Compensation Income from Previous Employer, if applicable		0.00			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		373,957.00			
24 Tax Due		18,593.55			
25 Amount of Taxes Withheld					
25A Present Employer		18,593.55			
25B Previous Employer		0.00			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		18,593.55			
27 5% Tax Credit (PERA Act of 2009)		0.00			
28 Total Taxes Withheld (sum of Items 26 and 27)		18,593.55			
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)		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)		90,000.00			
35 De Minimis Benefits		24,000.00			
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		49,723.00			
37 Salaries and Other Forms of Compensation		24,000.00			
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)		187,723.00			
B. TAXABLE COMPENSATION INCOME REGULAR					
39 Basic Salary		363,329.00			
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		10,628.00			
49 Hazard Pay					
50 Overtime Pay					
51 Others (Specify)					
51A					
51B					
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)		373,957.00			
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 CATHERINE T. ASUNCION Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed 0 4 0 1 2 0 2 6			
CONFORME:					
52 CHARLYMAINE VILLAVICENCIO SALBIBIA Employee Signature Over Printed Name		Date Signed 0 4 0 1 2 0 2 6			
CTC/Valid ID No. of Employee 27435848 Place of Issue HABA, CANDONI		Date of Issue 0 1 1 4 2 0 2 6		Amount Paid, if CTC 422.00	
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.					
53 CATHERINE T. ASUNCION 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.			
		54 CHARLYMAINE VILLAVICENCIO SALBIBIA Employee Signature Over Printed Name			

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