



BIR Form No.

2316

September 2021 (ENCS)

Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21/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 IV-B Details of Compensation Income & Tax Withheld from Present Employer

Part I - Employee Information

3 TIN

236 - 177 - 241 - 0000

4 Employee's Name (Last Name, First Name, Middle Name)

FRANCISCO, JEANALYN ADDUN

5 RDO Code

013

6 Registered Address

54 L. Cabalza Alley, Atulayan Norte, Tuguegarao City

6A ZIP Code

315 010

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY)

05/06/1981

8 Contact Number

09752404665

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

009 - 417 - 209 - 0000

13 Employer's Name

CAGAYAN UNITED DOCTORS MEDICAL CENTER OF TUGUEGARAO CITY INC.

14 Registered Address

Substreet, 7 Bagay Road, Caritan Centro, Tuguegarao, Cagayan

14A ZIP Code

3500

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 39 and 52)

233,770.12

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

71,442.12

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

162,328.00

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

0.00

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

162,328.00

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

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)

NaN

35 De Minimis Benefits

36,000.00

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

16,752.00

37 Salaries and Other Forms of Compensation

0.00

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

71,442.12

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary

162,328.00

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 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)

162,328.00

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 LORELIFE L. SARMIENTO-AGCAOILI

Present Employer/Authorized Agent Signature over Printed Name

Date Signed

01 15 2026

CONFORME:

54 JEANALYN ADDUN FRANCISCO

Employee Signature over Printed Name

Date Signed

012 015 2012 6

CTC/Valid ID No.
of Employee

4685-2692-450-3278

Place of
Issue

TUGUEGARAO CITY

Date Issued

01 23 2012 3

Amount paid, if CTC

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 LORELIFE L. SARMIENTO-AGCAOILI

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 JEANALYN ADDUN FRANCISCO

Employee Signature over Printed Name