



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	
1 For the Year (YYYY) 2025		2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31			
Part I - Employee Information				Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 450 - 499 - 454 - 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) MALINIAS, JULINA, GACUSAN		5 RDO Code 010		Amount	
6 Registered Address SADSADAN BAUKO MT PROVINCE		6A ZIP Code 2621		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
6B Local Home Address		6C ZIP Code		30 Holiday Pay (MWE)	
6D Foreign Address				31 Overtime Pay (MWE)	
7 Date of Birth (MM/DD/YYYY) 07 23 1982		8 Contact Number		32 Night Shift Differential (MWE)	
9 Statutory Minimum Wage rate per day				33 Hazard Pay (MWE)	
10 Statutory Minimum Wage rate per month				34 13th Month Pay and Other Benefits (maximum of P90,000) 88,593.00	
11 ☐ Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				35 De Minimis Benefits 12,000.00	
Part II - Employer Information (Present)				36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 51,597.42	
12 TIN 000 - 791 - 624 - 00000				37 Salaries and Other Forms of Compensation 24,000.00	
13 Employer's Name BAUKO LGU				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 176,190.42	
14 Registered Address MUNICIPAL HALL KAGUIMONGAN ABATAN BAUKO MOUNTAIN PROV		14A ZIP Code 2621		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer ☐ Main Employer ☐ Secondary Employer				39 Basic Salary 381,423.93	
Part III - Employer Information (Previous)				40 Representation	
16 TIN				41 Transportation	
17 Employer's Name				42 Cost of Living Allowance (COLA)	
18 Registered Address		18A ZIP Code		43 Fixed Housing Allowance	
Part IVA - Summary				44 Others (specify) 7,000.00	
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52) 564,614.35				44A	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 176,190.42				44B	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 388,423.93				SUPPLEMENTARY	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00				45 Commission	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 388,423.93				46 Profit Sharing	
24 Tax Due 20,763.59				47 Fees including Director's Fees	
25 Amount of Taxes Withheld 20,763.59				48 Taxable 13th Month Benefits 0.00	
25A Present Employer				49 Hazard Pay	
25B Previous Employer, if applicable 0.00				50 Overtime Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 20,763.59				51 Others (specify)	
27 5% Tax Credit (PERA Act of 2008) 0.00				51A	
28 Total Taxes Withheld (Sum of Items 26 and 27) 20,763.59				51B	
				52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 388,423.93	
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 IRENE TAGABAN PAAC Present Employer/Authorized Agent Signature over Printed Name		Date Signed 02 06 2026			
CONFORME: 54 JULINA GACUSAN MALINIAS Employee Signature over Printed Name		Date Signed 02 06 2026			
CTC/Valid ID No. of Employee 264708791		Place of Issue MTD-BESAD		Amount paid, if CTC P570.00	
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.					
55 IRENE TAGABAN PAAC Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Personnel 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 BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.			
		JULINA GACUSAN MALINIAS Employee Signature over Printed Name			