



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)	2025	2 For the Period From (MM/DD) To (MM/DD)	01 01 12 31
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 TIN	926 082 963 0000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name)	GANTE, JUNE NERMAL	5 RDO Code	073
6 Registered Address	JALANIDONI, CULASI, ANTIOQUE	6A Zip Code	5708
6B Local Home Address	JALANIDONI, CULASI, ANTIOQUE	6C Zip Code	5708
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY)	06 01 1971	8 Telephone Number	09984864585
9 Statutory Minimum Wage rate per day	0.00	29 Basic Salary (including the exempt P250,000 & b or the Statutory Minimum Wage of the MWE)	
10 Statutory Minimum Wage rate per month	0.00	30 Holiday Pay (MWE)	
11 ☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		31 Overtime Pay (MWE)	
Part II - Employer Information (Present)		32 Night Shift Differential (MWE)	
12 Taxpayer	004 228 274 0000	33 Hazard Pay (MWE)	
13 Employer's Name	SAN ANTONIO NATIONAL HIGH SCHOOL	34 13th Month Pay and Other Benefits (maximum of P90,000)	
14 Registered Address	SAN ANTONIO CULASI ANTIOQUE	35 De Minimis Benefits	
14A Zip Code	5708	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
15 Type of Employer ☐ Main Employer ☐ Secondary Employer		37 Salaries and Other Forms of Compensation	
Part III - Employer Information (Previous)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR	
17 Employer's Name		39 Basic Salary	
18 Registered Address		40 Representation	
18A Zip Code		41 Transportation	
Part IVA - Summary		42 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	580,093.70	43 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	188,991.57	44 Others (Specify)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	391,102.13	44A	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	44B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	391,102.13	SUPPLEMENTARY	
24 Tax Due	21,165.32	45 Commission	
25 Amount of Taxes Withheld		46 Profit Sharing	
25A Present Employer	21,165.32	47 Fees Including Director's Fees	
25B Previous Employer	0.00	48 Taxable 13th Month Pay Benefits	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	21,165.32	49 Hazard Pay	
27 5% Tax Credit (PERA Act of 2008)	0.00	50 Overtime Pay	
28 Total Taxes Withheld (sum of items 26 and 27)	21,165.32	51 Others (Specify)	
		51A	
		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	

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" (RA No. 10173) for legitimate and lawful purposes.

KAISER A. CAÑONASO

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Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

01 27 2020

CONFORME:

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JUNE NERMAL GANTE

Employee Signature Over Printed Name

Date Signed

01 27 2020

CTC/Valid ID No. of Employee

4756-0142-6180-724

Place of Issue

CULASI, ANTIOQUE

Date of Issue

05 16 2022

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.

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KAISER A. CAÑONASO

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 if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

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JUNE NERMAL GANTE

Employee Signature Over Printed Name