

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) <b>2024</b>		2 For the Period From (MM/DD) <b>01 01</b> To (MM/DD) <b>12 31</b>	
<b>Part I - Employee Information</b>			
3 TIN <b>289 - 648 - 033 - 000</b>		<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
4 Employee's Name (Last Name, First Name, Middle Name) <b>DUMANJOG, JEZREEL BOTONA</b>		5 RDO Code <b>040</b>	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) <b>03 22 1988</b>		8 Contact Number	
9 Statutory Minimum Wage rate per day		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
10 Statutory Minimum Wage rate per month		Amount	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE <b>0.00</b>	
<b>Part II - Employer Information (Present)</b>		30 Holiday Pay (MWE)	
12 TIN <b>0 0 0 - 0 8 8 - 0 7 9 - 0 0 0 0 0</b>		31 Overtime Pay (MWE)	
13 Employer's Name <b>PHILIPPINE NATIONAL POLICE</b>		32 Night Shift Differential (MWE)	
14 Registered Address <b>NHQ PNP CAMP BGEN. RAFAEL T. CRAME QUEZON CITY</b>		33 Hazard Pay (MWE)	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		34 13th Month Pay and Other Benefits (maximum of P90,000) <b>90,000.00</b>	
<b>Part III - Employer Information (Previous)</b>		35 De Minimis Benefits <b>17,560.00</b>	
16 TIN		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>12,323.25</b>	
17 Employer's Name		37 Salaries and Other Forms of Compensation <b>208,572.00</b>	
18 Registered Address		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>328,455.25</b>	
18A ZIP Code		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
<b>Part IVA - Summary</b>		39 Basic Salary <b>388,608.75</b>	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <b>717,064.00</b>		40 Representation	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>328,455.25</b>		41 Transportation	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>388,608.75</b>		42 Cost of Living Allowance (COLA)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		43 Fixed Housing Allowance	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>388,608.75</b>		44 Others (specify)	
24 Tax Due <b>23,094.30</b>		44A	
25 Amount of Taxes Withheld		44B	
25A Present Employer <b>23,094.30</b>		<b>SUPPLEMENTARY</b>	
25B Previous Employer, if applicable <b>0.00</b>		45 Commission	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		46 Profit Sharing	
27 5% Tax Credit (PERA Act of 2008)		47 Fees including Director's Fees	
28 Total Taxes Withheld (Sum of Items 26 and 27)		48 Taxable 13th Month Benefits <b>14,195.70</b>	
		49 Hazard Pay	
		50 Overtime Pay	
		51 Others (specify)	
		51A	
		51B	
		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>402,804.45</b>	

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 <b>PBGEN ROSS C. ALVARADO</b> Present Employer/Authorized Agent Signature over Printed Name		Date Signed	
<b>CONFORME:</b>			
54 <b>PMSg JEZREEL BOTONA DUMANJOG</b> Employee Signature over Printed Name		Date Signed	
CTC/Valid ID No. of Employee		Date Issued	
Place of Issue		Amount paid, if CTC	
<b>To be accomplished under substituted filing</b>			
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.		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.	
55 <b>PBGEN ROSS C. ALVARADO</b> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Finance Service)		56 <b>PMSg JEZREEL BOTONA DUMANJOG</b> Employee Signature over Printed Name	