

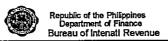
BIR Form No. January 2018 (ENCS)

## Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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Fill in all applicable spaces. Mark all appro	priate boxes with an "X"	[2	For the Period				
(YYYY) 2022			From (MM/DD) 01 01	To (MM/DD) 12 31			
Part I - Employee Inf	ormation		Part IV-B Details of Compensation Income and T	ax Withheld from Present Employer			
3 TIN 496	266 🕺 904 🔆 0000	A.	NON-TAXABLE/EXEMPT COMPENSATION II				
4 Employee's Name (Last Name, First Name, I		27	Basic Salary(including the exempt P250,000 &	Amount			
TOTO, ACLIMAH CABUGATAN	101, 1		of the Statutory Minimum Wage of the MWE	0.00			
6 Registered Address	6A Zip Code	28	Holiday Pay (MWE)	0.00			
<u> </u>		29	Overtime Pay (MWE)	0.00			
6B Local Home Address	6C Zip Code	30	Night Shift Differential (MWE)				
		1	· · · · · · · · · · · · · · · · · · ·	0.00			
6D Foreign Address	65 Zip Code	137	Hazard Pay (MWE)	0.00			
		32	13th Month Pay and Other Benefits	81,320.00			
7 Date of Birth (MM/DD/YYYY)	8 Telephone Number	33	(maximum of P90,000) De Minimis Benefits	21 000 00			
C Statute Salatana Marana		١,,	CCC CCIC DUIC & Dog This Contributions	21,000.00			
9 Statutory Minimum Wage rate per day	0.00	**	SSS, GSIS, PHIC & Pag-Ibig Contributions and Union Dues (Employee share only)	34,840.59			
10 Statutory Minimum Wage rate per month	0.00	35	Salaries & Other Forms of Compensation	24,000.00			
11 X   Minimum Wage Earner whose comp	pensation is exempt from	38	Total Non-Taxable/Exempt Compensation	161 160 50			
withholding tax and not subject to in	come tax	1	Income (Sum of Items 27 to 35)	161,160.59			
Part II - Employer Inf	ormation (Present)	1_					
12 Taxpayer 272	850 🐺 592 🐺 0000	B.	TAXABLE COMPENSATION INCOME REGUL	.AR			
19 Emolovore Nomo		37	Basic Salarv	335,398.11			
DEPED - DIVISION OF LANAO DEL I		38	Representation				
14 Registered Address PIGCARANGAN TUBOD LANAO DI	14A Zio Code	39.	Transportation				
		1	·				
15 Type of Employer Main Emp	Secondary Employer	40	Cost of Living Allowance (COLA)				
Part III - Employer Inform		41	Fixed Housing Allowance				
16 TIN		42	Others (Specify)				
17 Employer's Name			42A	0.00			
428							
18 Registered Address	18A Zip Code	1	<u> </u>				
			SUPPLEMENTARY				
Part IVA - 19 Gross Compensation Income from Present	Summary	143	Commission				
Employer (Sum of Items 36 and 50)	496,558.70	1					
20 Less: Total Non-Texable/Exempt Compensation Income from Present Employer (From Item 36)	161,160.59	44	Profit Sharing				
21 Taxable Compensation Income from Present	335,398.11	45	Fees Including Director's Fees				
Employer (Item 19 Less Item 20) (From Item 50) 22 Add: Taxable Compensation Income from		46	Taxable 13th Month Pay Benefits				
Previous Employer, if applicable	0.00	1	•	0.00			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	335,398.11	4′	Hazard Pay				
24 Tax Due	17,079.62	48	Overtime Pay				
25 Amount of Taxes Withheld		49	Others (Specify)				
25A Present Employer	17,079.62		49A				
25B Previous Employer	0.00	il I	49B	· · ·			
26 Total Amount of Taxes Withheld as adjusted	17,079.62	50	Total Taxable Compensation Income	335,398.11			
(Sum of Items 25A and 25B)		1	(Sum of Items 37 and 49B) h, verified by us, and to the best of my/our knowledge				
the provisions of the National Internal Revenue	Code, as amended, and the regulations issu	Jed U	nder authority thereof. Further, I/we give my/our conse	and order, is due and correct pursuant to ent to the processing of my/our information			
as contemplated under the *Data Privacy Act of		wful	purposes.				
51 ARMANDO				$\neg$			
Present Employer/ Authorized Age	ant Signature Over Printed Name	Dat	e Signed     1   1   1   1	l.			
CONFORME: ACLIMAH CABL	ICATAN TOTO						
52	JGATAN 1010	Dat	e Signed				
	Over Printed Name lace of	اسرا	e of Issue	Amount Paid, if CTC			
	sue						
I declare, under the penalties of perjury, that the		_	der substituted filing eclare, under the penalties of perjury that I am qualified	Lunder substituted filling of			
under BIR Form No. 1604C which has been filed w		Inc	ome Tax Returns (BIR Form No. 1700), since I received	f purely compensation income			
l co			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				
53ARMANDO B. PASOK No			No. 1604-C filed by my employer to the BIR shall constitute as my income tax return;				
Present Employer/ Authorized Agent Signature Over Printed Name and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 170 (Head of Accounting/ Human Resource or Authorized Representative) has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-200							
			ACLIMAH CABUGATA				
54 Employee Signature Over Printed Name							



BIR Form No.		Certific	ate of C	01	mpensation			
2316		Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld						
January 2018 (ENCS)				th o	r Without Tax Withheld	<u> </u>	2316 01/	18ENCS
ill in all applicable spaces. M		te boxes with ar	1 -X-	2	For the Period	04 04	<del></del>	42 24
(YYYY)	2022				From (MM/DD)	01 01	TO (MINNOD)	12 31
	Employee Inform	ation		_	Part IV-B Details of Compensation Inco	me and T	ax Withheld from Presen	Employer
3 TIN	936 🚿 91	19968		A.	NON-TAXABLE/EXEMPT COMPENS	SATION II		.
Employee's Name (Last Name		le Name)	5 RDO Code	27	Basic Salary(including the exempt P2	50,000 &i	Amount	0.00
SANTURANI, HASMIN L	ANGITAD		101		of the Statutory Minimum Wage of the			
Registered Address			6A Zip Code	28	Holiday Pay (MWE)			0.00
BB Local Home Address		<u>.</u>	6C Zip Code	29	Overtime Pay (MWE)			0.00
				30	Night Shift Differential (MWE)			0.00
6D Fereign Address			6E Zip Code	31.	Hazard Ray (MWE)			0.00
		<del></del>	للسلا	32	13th Month Pay and Other Benefits	ĺ		78,596.00
7 Date of Birth (MM/DD/YYYY)	8	Telephone Num	ber	_	(maximum of P90,000)			
<u> </u>		L		33	De Minimis Benefits			21,000.00
9 Statutory Minimum Wage rate	per day		0.00	34	SSS, GSIS, PHIC & Pag-ibig Contrib and Union Dues (Employee share only			40,472.48
10 Statutory Minimum Wage rate			0.00	35	Salaries & Other Forms of Compensa	tion		24,000.00
11 X Minimum Wage Earne withholding tax and no			om	38	Total Non-Taxable/Exempt Compensions (Sum of Items 27 to 35)	ation		164,068.48
Part II -	Employer Inform	nation (Present)		İ				
12 Taxpayer	272 🎉 85	0 🐉 592	<b>30000</b>		TAXABLE COMPENSATION INCOM	IE REGUI	_AR	
DEPED - DIVISION OF L	ANAO DEL NO	RTE		ı	Basic Salarv			317,103.52
14 Registered Address			14A Zip Code	38	Representation			
PIGCARANGAN TUBO	D LANAO DEL I	NORTE	9209	39	Transportation			
15 Type of Employer	Main Employ	er Secon	dary Employer	40	Cost of Living Allowance (COLA)			
	nployer Informati	on (Previous)		41	Fixed Housing Allowance			
16 TIN	, , <u>\$</u>			42	Others (Specify)			
17 Employer's Name					42A			0.00
18 Registered Address			18A Zip Code	-	428			
100,000,000					SUPPLEMENTARY			
	Part IVA - Su	mmary		]_	Out of the last		<del>, </del>	
19 Gross Compensation Income for Employer (Sum of Items 36 and	150)		481,172.00	ı	Commission			
20 Less: Total Non-Taxable/Exem Income from Present Employer	(From Item 36)		164,068.48	ı	Profit Sharing			
21 Taxable Compensation Income Employer (Item 19 Less Item 20	0) (From Item 50)	<del> </del>	317,103.52	١.,	Fees Including Director's Fees Tayable 13th Month Pay Seperite			
<ul> <li>Add: Taxable Compensation Inc</li> <li>Previous Employer, if applicable</li> <li>Gross Taxable Compensation</li> </ul>			0.00	1	Taxable 13th Month Pay Benefits Hazard Pay			0.00
(Sum of Items 21 and 22) 24 Tax Due	A. ELOVIIO		317,103.52		Overtime Pay			
27 18A D40			13,420.70					]
25 Amount of Taxes Withheld 25A Present Employer	<u></u>	_	13,420.70		Others (Specify) 49A			
25B Previous Employer	F		0,00	-	498	一		
26 Total Amount of Taxes Withhele (Sum of Items 25A and 25B)	d as adjusted		13,420.70	50	Total Taxable Compensation Income (Sum of Items 37 and 498)	<b>'</b>		317,103.52
t/We declare, under the po					th, verified by us, and to the best of my/our			
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.								
as contemplated under the "Da	ARMANDO B.		realization and la	**144	hai horaga.			

91	Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed	1	1		
CONFOR	ME: HASMIN LANGITAO SANTURANI					
52	Employee Signature Over Printed Name	Date Signed	11	]		Amount Paid, If CTC
CTC/Valid I	D N Place of	Date of Issue			1 1	Pariodict did, # 010
of Employee	Issue		اع لـــــــ دا	!		

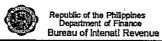
I declare, under the penalties of perjury, that the Information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

ARMANDO B. PASOK Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) I under substituted filing

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.

Employee Signature Over Printed Name

HASMIN LANGITAO SANTURANI 54\_



BIR Form No.

## Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



anuary 2018 (ENCS) Fill in all applicable spa 2022 01 01 12 31 (YYYY) (MM/DD) To (MM/DD) Part 1 - Employee Information Part IV-B Details of Compensation income and Tax Withheld from Present Employer 726 🐉 362 🎉 241 0000 NON-TAXABLE/EXEMPT COMPENSATION INCOME Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Amount 27 Basic Salary(including the exempt P250,000 & of the Statutory Minimum Wage of the MWE ONGOS, JERAMAE JUMAWAN ,101 0.00 Registered Address 6<u>A Zip Code</u> 28 Holiday Pay (MWE) 0.00 29 Overtime Pay (MWE) 0.00 B Local Home Address 6C Zip Code 30 Night Shift Differential (MWE) 0.00 D Foreian Address E Zip Code 31. Hazard Pay (MWE). 0.00 32 13th Month Pay and Other Benefits (maximum of P90,000) 33 De Minimis Benefits 81,604.00 Date of Birth (MM/DD/YYYY) Telephone Number 21,000.00 Statutory Minimum Wage rate per day 4 SSS, GSIS, PHIC & Pag-ibig Contributions 35.091.88 and Union Dues (Employee share only) 35 Salaries & Other Forms of Compensation 10 Statutory Minimum Wage rate per month 0.00 23,909,09 11 X Minimum Wage Earner whose compensation is exempt from 36 Total Non-Taxable/Exempt Compensation 161,604,97 withholding tax and not subject to income tax Income (Sum of Items 27 to 35) Part II - Employer Information (Present) 12 Texpaver B. TAXABLE COMPENSATION INCOME REGULAR 272 繼 850 336,722,39 **DEPED - DIVISION OF LANAO DEL NORTE** 38 Representation 14A Zip Code PIGCARANGAN TUBOD LANAO DEL NORTE 39. Transportation 9209 ary Employer 40 Cost of Living Allowance (COLA) 11 Fixed Housing Allowance 42 Others (Specify) 17 Employer's Name 42A 0.00 42B 8 Registered Address 18A Zip Code SUPPLEMENTARY Part IVA - Summary Gross Compensation Income from Pres 43 Commission 498.327.36 Employer (Sum of Items 36 and 50)

20 Less: Total Non-Taxable/Exempt Compensation 44 Profit Sharing 161.604.97 Income from Present Employer (From Item 36) Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 45 Fees Including Director's Fees 336,722,39 nsation Income from 46 Taxable 13th Month Pay Benefits 22 Add: Taxable Compa Previous Employer, if applicable
Gross Taxable Compensation Income 0.00 23 47 Hazard Pay 336,722.39 (Sum of Items 21 and 22) Tax Due 48 Overtime Pay 17,344.48 Amount of Taxes Withheld Others (Specify) 25A Present Employer 49A 25B Previous Employer 0.00 49B Total Amount of Taxes Withheld as adjusted 50 Total Taxable Compensation Income (Sum of Items 37 and 49B) 17.344.48 336,722.39 (Sum of Items 25A and 25B) 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, twe 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. ARMANDO B. PASOK Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: JERAMAE JUMAWAN ONGOS 52 Date Signed Employee Signature Over Printed Name Amount Paid, if CTC CTC/Valid ID N Place of Date of Issue of Employee 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. 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. ARMANDO B. PASOK Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) JERAMAE JUMAWAN ONGOS

54

Employee Signature Over Printed Nam