



BIR Form No. <b>2316</b> January 2018 (ENCS)		<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld		 2318 01/18ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X"					
1 For the Year (YYYY) <b>2022</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>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>			
3 TIN <b>496 266 904 0000</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>			
4 Employee's Name (Last Name, First Name, Middle Name) <b>TOTO, ACLIMAH CABUGATAN</b>		5 RDO Code <b>101</b>			
6 Registered Address		6A Zip Code			
6B Local Home Address		6C Zip Code			
6D Foreign Address		6E Zip Code			
7 Date of Birth (MM/DD/YYYY)		8 Telephone Number			
9 Statutory Minimum Wage rate per day <b>0.00</b>		27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) <b>0.00</b>			
10 Statutory Minimum Wage rate per month <b>0.00</b>		28 Holiday Pay (MWE) <b>0.00</b>			
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		29 Overtime Pay (MWE) <b>0.00</b>			
<b>Part II - Employer Information (Present)</b>		30 Night Shift Differential (MWE) <b>0.00</b>			
12 Taxpayer <b>272 850 592 0000</b>		31 Hazard Pay (MWE) <b>0.00</b>			
13 Employer's Name <b>DEPED - DIVISION OF LANA DEL NORTE</b>		32 13th Month Pay and Other Benefits (maximum of P90,000) <b>81,320.00</b>			
14 Registered Address <b>PIGCARANGAN TUBOD LANA DEL NORTE</b>		33 De Minimis Benefits <b>21,000.00</b>			
14A Zip Code <b>9209</b>		34 SSS, GSIS, PHIC & Pag-Ibig Contributions and Union Dues (Employee share only) <b>34,840.59</b>			
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		35 Salaries & Other Forms of Compensation <b>24,000.00</b>			
<b>Part III - Employer Information (Previous)</b>		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>161,160.59</b>			
16 TIN		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>			
17 Employer's Name		37 Basic Salary <b>335,398.11</b>			
18 Registered Address		38 Representation			
18A Zip Code		39 Transportation			
<b>Part IVA - Summary</b>		40 Cost of Living Allowance (COLA)			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>496,558.70</b>		41 Fixed Housing Allowance			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>161,160.59</b>		42 Others (Specify)			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>335,398.11</b>		42A <b>0.00</b>			
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		42B			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>335,398.11</b>		<b>SUPPLEMENTARY</b>			
24 Tax Due <b>17,079.62</b>		43 Commission			
25 Amount of Taxes Withheld		44 Profit Sharing			
25A Present Employer <b>17,079.62</b>		45 Fees Including Director's Fees			
25B Previous Employer <b>0.00</b>		46 Taxable 13th Month Pay Benefits <b>0.00</b>			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>17,079.62</b>		47 Hazard Pay			
		48 Overtime Pay			
		49 Others (Specify)			
		49A			
		49B			
		50 Total Taxable Compensation Income (Sum of Items 37 and 49B) <b>335,398.11</b>			
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 of 2012 (R.A. No. 10173) for legitimate and lawful purposes.					
51 <b>ARMANDO B. PASOK</b> Present Employer/ Authorized Agent Signature Over Printed Name Date Signed					
CONFORME: <b>ACLIMAH CABUGATAN TOTO</b>					
52 <b>ACLIMAH CABUGATAN TOTO</b> Employee Signature Over Printed Name Date Signed					
CTC/Valid ID N of Employee Place of Issue Date 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.					
53 <b>ARMANDO B. PASOK</b> 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.					
54 <b>ACLIMAH CABUGATAN TOTO</b> Employee Signature Over Printed Name					

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



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<b>Fill in all applicable spaces. Mark all appropriate boxes with an "X"</b>					
1 For the Year (YYYY) <b>2022</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>			<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>		
3 TIN <b>936 918 362 0000</b>		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) <b>SANTURANI, HASMIN LANGITAO</b>		Amount			
5 RDO Code <b>101</b>		27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) <b>0.00</b>			
6 Registered Address		28 Holiday Pay (MWE) <b>0.00</b>			
6A Zip Code		29 Overtime Pay (MWE) <b>0.00</b>			
6B Local Home Address		30 Night Shift Differential (MWE) <b>0.00</b>			
6C Zip Code		31 Hazard Pay (MWE) <b>0.00</b>			
6D Foreign Address		32 13th Month Pay and Other Benefits (maximum of P90,000) <b>78,596.00</b>			
6E Zip Code		33 De Minimis Benefits <b>21,000.00</b>			
7 Date of Birth (MM/DD/YYYY)		34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) <b>40,472.48</b>			
8 Telephone Number		35 Salaries & Other Forms of Compensation <b>24,000.00</b>			
9 Statutory Minimum Wage rate per day <b>0.00</b>		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>164,068.48</b>			
10 Statutory Minimum Wage rate per month <b>0.00</b>					
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax					
<b>Part II - Employer Information (Present)</b>			B. TAXABLE COMPENSATION INCOME REGULAR		
12 Taxpayer <b>272 850 592 0000</b>		37 Basic Salary <b>317,103.52</b>			
13 Employer's Name <b>DEPED - DIVISION OF LANA DEL NORTE</b>		38 Representation			
14 Registered Address <b>PIGCARANGAN TUBOD LANA DEL NORTE</b>		39 Transportation			
14A Zip Code <b>9209</b>		40 Cost of Living Allowance (COLA)			
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		41 Fixed Housing Allowance			
<b>Part III - Employer Information (Previous)</b>			42 Others (Specify)		
16 TIN		42A <b>0.00</b>			
17 Employer's Name		42B			
18 Registered Address		SUPPLEMENTARY			
18A Zip Code		43 Commission			
<b>Part IVA - Summary</b>			44 Profit Sharing		
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>481,172.00</b>		45 Fees Including Director's Fees			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>164,068.48</b>		46 Taxable 13th Month Pay Benefits <b>0.00</b>			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>317,103.52</b>		47 Hazard Pay			
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		48 Overtime Pay			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>317,103.52</b>		49 Others (Specify)			
24 Tax Due <b>13,420.70</b>		49A			
25 Amount of Taxes Withheld		49B			
25A Present Employer <b>13,420.70</b>		50 Total Taxable Compensation Income (Sum of Items 37 and 49B) <b>317,103.52</b>			
25B Previous Employer <b>0.00</b>					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>13,420.70</b>					
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 of 2012 (R.A. No. 10173) for legitimate and lawful purposes.					
51 <b>ARMANDO B. PASOK</b> Present Employer/ Authorized Agent Signature Over Printed Name Date Signed					
CONFORME: <b>HASMIN LANGITAO SANTURANI</b> Employee Signature Over Printed Name Date Signed Amount Paid, if CTC					
CTC/Valid ID N Place of Date of Issue					
of Employee Issue					
<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. 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 (tax due equals tax withheld); that the BIR Form No. 1604-C 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.		
53 <b>ARMANDO B. PASOK</b> Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)			54 <b>HASMIN LANGITAO SANTURANI</b> Employee Signature Over Printed Name		

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<b>Fill in all applicable spaces. Mark all appropriate boxes with an "X"</b>					
1 For the Year (YYYY) <b>2022</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>			<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>		
3 TIN <b>726 362 241 0000</b>			<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>		
4 Employee's Name (Last Name, First Name, Middle Name) <b>ONGOS, JERAMAE JUMAWAN</b>			6 RDO Code <b>101</b>		
6 Registered Address			6A Zip Code		
6B Local Home Address			6C Zip Code		
6D Foreign Address			6E Zip Code		
7 Date of Birth (MM/DD/YYYY)			8 Telephone Number		
9 Statutory Minimum Wage rate per day <b>0.00</b>			27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) <b>0.00</b>		
10 Statutory Minimum Wage rate per month <b>0.00</b>			28 Holiday Pay (MWE) <b>0.00</b>		
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			29 Overtime Pay (MWE) <b>0.00</b>		
			30 Night Shift Differential (MWE) <b>0.00</b>		
			31 Hazard Pay (MWE) <b>0.00</b>		
			32 13th Month Pay and Other Benefits (maximum of P90,000) <b>81,604.00</b>		
			33 De Minimis Benefits <b>21,000.00</b>		
			34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) <b>35,091.88</b>		
			35 Salaries & Other Forms of Compensation <b>23,909.09</b>		
			36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>161,604.97</b>		
<b>Part II - Employer Information (Present)</b>			<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>		
12 Taxpayer <b>272 850 592 0000</b>			37 Basic Salary <b>336,722.39</b>		
13 Employer's Name <b>DEPED - DIVISION OF LANA DEL NORTE</b>			38 Representation		
14 Registered Address <b>PIGCARANGAN TUBOD LANA DEL NORTE</b>			39 Transportation		
14A Zip Code <b>9209</b>			40 Cost of Living Allowance (COLA)		
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			41 Fixed Housing Allowance		
<b>Part III - Employer Information (Previous)</b>			42 Others (Specify)		
16 TIN			42A <b>0.00</b>		
17 Employer's Name			42B		
18 Registered Address			18A Zip Code		
<b>Part IVA - Summary</b>			<b>SUPPLEMENTARY</b>		
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>498,327.36</b>			43 Commission		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>161,604.97</b>			44 Profit Sharing		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>336,722.39</b>			45 Fees Including Director's Fees		
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>			46 Taxable 13th Month Pay Benefits <b>0.00</b>		
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>336,722.39</b>			47 Hazard Pay		
24 Tax Due <b>17,344.48</b>			48 Overtime Pay		
25 Amount of Taxes Withheld			49 Others (Specify)		
25A Present Employer <b>17,344.48</b>			49A		
25B Previous Employer <b>0.00</b>			49B		
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>17,344.48</b>			50 Total Taxable Compensation Income (Sum of Items 37 and 49B) <b>336,722.39</b>		
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 of 2012 (R.A. No. 10173) for legitimate and lawful purposes.					
51 <b>ARMANDO B. PASOK</b> Present Employer/ Authorized Agent Signature Over Printed Name Date Signed					
CONFORME: <b>JERAMAE JUMAWAN ONGOS</b> Employee Signature Over Printed Name Date Signed					
CTC/Valid ID N of Employee Place of Issue Date 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. 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.		
53 <b>ARMANDO B. PASOK</b> Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)			54 <b>JERAMAE JUMAWAN ONGOS</b> Employee Signature Over Printed Name		

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