



BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2020**
(YYYY)2 For the Period **01 01**
From (MM/DD) To (MM/DD) **12 31****Part I - Employee Information**3 TIN **411 - 222 - 564 - 0000**4 Employee's Name (Last Name, First Name, Middle Name) **ALCARAZ, ROSELLE PEREA** 5 RDO Code **040**

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **03 12 1991** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**12 TIN **000 - 000 - 000 - 0000**13 Employer's Name **PHILIPPINE NATIONAL POLICE**14 Registered Address **NHQ FNP CAMP BGEN. RAFAEL T. CRAME** 14A ZIP Code **0801** QUEZON CITY15 Type of Employer Main Employer Secondary Employer**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

Part IV - Summary19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **250,534.10**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **250,534.10**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **0.00**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**25B Previous Employer, if applicable **0.00**26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

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.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51 Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

NUP ROSELLE PEREA ALCARAZ

52 Employee Signature over Printed Name

Date Signed CTC/Valid ID No. Place of Issue
of EmployeeAmount 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. 1604-C which has been filed with the Bureau of Internal Revenue.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**53 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 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 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 Employee Signature over Printed Name



BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year 2018 (YYYY)		2 For the Period From (MM/DD) 01 To (MM/DD) 12	
Part I - Employee Information			
3 TIN 510 - 088 - 524 - 0000	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
4 Employee's Name (Last Name, First Name, Middle Name) ALMANZOR, MYLA ALILIO	5 RDO Code 040	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
6 Registered Address	6A ZIP Code	27 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	28 Holiday Pay (MWE)	
6D Foreign Address		29 Overtime Pay (MWE)	
7 Date of Birth (MM/DD/YYYY) 10 21 1992	8 Contact Number	30 Night Shift Differential (MWE)	
9 Statutory Minimum Wage rate per day		31 Hazard Pay (MWE)	
10 Statutory Minimum Wage rate per month		32 13th Month Pay and Other Benefits (maximum of P90,000)	61,734.00
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		33 De Minimis Benefits	28,180.00
Part II - Employer Information (Present)			
12 TIN 000 - 088 - 070 - 0000	14A ZIP Code 0801	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	6,766.00
13 Employer's Name PHILIPPINE NATIONAL POLICE		35 Salaries and Other Forms of Compensation	184,744.31
14 Registered Address NHQ PNP CAMP BGEN. RAFAEL T. CRAME QUIZON CITY		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	291,394.31
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		B. TAXABLE COMPENSATION INCOME REGULAR	
Part III - Employer Information (Previous)			
16 TIN	18A ZIP Code	37 Basic Salary	363,648.00
17 Employer's Name		38 Representation	
18 Registered Address	18A ZIP Code	39 Transportation	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	855,042.31	40 Cost of Living Allowance (COLA)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	291,394.31	41 Fixed Housing Allowance	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	363,648.00	42 Others (specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		42A	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	363,648.00	42B	
24 Tax Due	22,729.60	SUPPLEMENTARY	
25 Amount of Taxes Withheld 25A Present Employer	22,729.60	43 Commission	
25B Previous Employer, if applicable		44 Profit Sharing	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	22,729.60	45 Fees Including Director's Fees	
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.			
51 _____ Present Employer/Authorized Agent Signature over Printed Name		Date Signed	<input type="text"/>
CONFORME: 52 _____ Employee Signature over Printed Name		Date Signed	<input type="text"/>
CTC/Valid ID No. of Employee <input type="text"/>		Place of Issue <input type="text"/>	Date Signed <input type="text"/> Amount paid, if CTC <input type="text"/>
To be accomplished under substituted filing			
53 _____ Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		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. PGEN JOSE MELENCIO CORPUZ NARTATEZ JR DIRECTOR, PNP FINANCE SERVICE	
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.			
54 _____ Employee Signature over Printed Name			



BIR Form No.
2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2020**
(YYYY)

2 For the Period

01 01

12 31

From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN **210 - 667 - 221 - 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ASPURIA, JEANET REPOSAR** 5 RDO Code **040**

6 Registered Address **6A ZIP Code**

6B Local Home Address **6C ZIP Code**

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **04 05 1974** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

12 TIN **000 - 000 - 079 - 0000**

13 Employer's Name **PHILIPPINE NATIONAL POLICE**

14 Registered Address **14A ZIP Code**

15 Type of Employer Main Employer Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address **18A ZIP Code**

Part III - Employer Information (Previous)

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **866,797.95**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **407,185.54**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **459,612.41**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **459,612.41**

24 Tax Due **44,903.10**

25 Amount of Taxes Withheld
25A Present Employer **44,903.10**

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **44,903.10**

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.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed

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CONFORME: **PEMS JEANET REPOSAR ASPURIA**

52

Employee Signature over Printed Name

Date Signed

--	--	--	--	--

CTC/Valid ID No. of Employee Place of Issue

Date Signed

--	--	--	--	--

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. 1604-C which has been filed with the Bureau of Internal Revenue.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

53 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 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.

54

Employee Signature over Printed Name



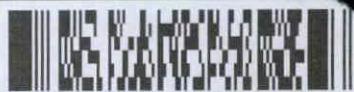
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1 For the Year
(YYYY)

2020

20141202504

SEQUENCE NO. 148725

Part I - Employee Information

3 TIN 281 - 065 - 437 - 0000

4 Employee's Name (Last Name, First Name, Middle Name)

BORROMEO, JENNILYN RODERNO

5 RDO Code

040

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY)

8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**

12 TIN 000 - 088 - 079 - 0100

13 Employer's Name

PHILIPPINE NATIONAL POLICE

14 Registered Address NHO PNP CAMP BGEN. RAFAEL T. CRAME
QUEZON CITY

14A ZIP Code 0801

15 Type of Employer Main Employer Secondary Employer**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IV - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	294,187.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	294,187.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld 25A Present Employer	0.00
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

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.

FBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

NUP JENNILYN RODERNO BORROMEO

52

Employee Signature over Printed Name

Date Signed

CTC/Valid ID No.
of EmployeePlace of
Issue

Date Signed

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. 1604-C which has been filed with the Bureau of Internal Revenue.	
FBGEN JOSE MELENCO CORPUZ NARTATEZ JR DIRECTOR, PNP FINANCE SERVICE	
53 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 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.

54

Employee Signature over Printed Name

BIR Form No.
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2020**
(YYYY)2 For the Period **01 01**
From (MM/DD) To (MM/DD) **12 31****Part I - Employee Information**3 TIN **419 - 971 - 030 - 0000**4 Employee's Name (Last Name, First Name, Middle Name)
CALABIO, MARVI KARMINA VILLAR5 RDO Code **040**

6 Registered Address

6A ZIP Code **1111**

6B Local Home Address

6C ZIP Code **1111**

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **11 30 1980**8 Contact Number **1111111111**

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **000 - 088 - 079 - 0000**13 Employer's Name
PHILIPPINE NATIONAL POLICE14 Registered Address
**NRG PNP CAMP BGEN. RAFAEL T. CRAME
QUEZON CITY**14A ZIP Code **0801**15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN **111 - 111 - 111 - 111**

17 Employer's Name

18 Registered Address

18A ZIP Code **1111**

Part IV - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **606,830.20**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **267,360.44**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **349,475.76**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **349,475.76**24 Tax Due **19,895.15**25 Amount of Taxes Withheld
25A Present Employer **19,895.15**

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **19,895.15**

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.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51 _____

Present Employer/Authorized Agent Signature over Printed Name

Date Signed **11 11 11**CONFORME: **PAT MARVI KARMINA VILLAR CALABIO**

52 _____

Employee Signature over Printed Name

Date Signed **11 11 11**

CTC/Valid ID No. _____ Place of Issue _____

Date Signed **11 11 11** Amount paid, if CTC _____

of Employee _____

Issue _____

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.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

53 _____

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 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.

54 _____ Employee Signature over Printed Name

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

UNIT CODE: RFSO 4A - Police Regional Office Calabarzon



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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year 2020 (YYYY)		2 For the Period 01 01 From (MM/DD) To (MM/DD)	
Part I - Employee Information			
3 TIN 420 - 176 - 142 - 0000		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) CAMPO, CARMEL ROSE ROBLES		5 RDO Code 040	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) 06 10 1980		8 Contact Number	
9 Statutory Minimum Wage rate per day			
10 Statutory Minimum Wage rate per month			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
Part II - Employer Information (Present)			
12 TIN 000 - 088 - 079 - 0000		14A ZIP Code	
13 Employer's Name PHILIPPINE NATIONAL POLICE			
14 Registered Address NPQ PNP CAMP BGEN. RAFAEL T. CRANE QUEZON CITY		18A ZIP Code	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		Part III - Employer Information (Previous)	
16 TIN			
17 Employer's Name			
18 Registered Address		18A ZIP Code	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		840,526.10	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		276,678.10	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		364,847.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		364,847.00	
24 Tax Due		22,969.40	
25 Amount of Taxes Withheld 25A Present Employer		22,969.40	
25B Previous Employer, if applicable			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		22,969.40	
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.			
51 PBGEN JOSE MELENCO CORPUZ NARTATEZ JR DIRECTOR, PNP FINANCE SERVICE		Date Signed	
52 Present Employer/Authorized Agent Signature over Printed Name			
CONFORME: PCPL CARMEL ROSE ROBLES CAMPO		Date Signed	
53 Employee Signature over Printed Name			
CTC/Valid ID No. of Employee		Place of Issue	
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. PBGEN JOSE MELENCO CORPUZ NARTATEZ JR DIRECTOR, PNP FINANCE SERVICE		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.	
54 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		Employee Signature over Printed Name	



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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2020**
(YYYY)2 For the Period **01 01**
From (MM/DD) To (MM/DD) **12 31****Part I - Employee Information**3 TIN **185 - 194 - 817 - 0000**4 Employee's Name (Last Name, First Name, Middle Name) **DANIO, EDWIN PEREZ** 5 RDO Code **040**

6 Registered Address

6A ZIP Code **1111**

6B Local Home Address

6C ZIP Code **1111**

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **11 20 1972** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**12 TIN **000 - 058 - 079 - 0000**13 Employer's Name **PHILIPPINE NATIONAL POLICE**14 Registered Address **NHQ PNP CAMP BGPN. RAFAEL T. CRAME** 14A ZIP Code **0801** QUEZON CITY15 Type of Employer Main Employer Secondary Employer**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code **1111****Part IV A - Summary**19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **630,190.00**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **420,514.82**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **409,675.08**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **409,675.08**24 Tax Due **32,418.77**25 Amount of Taxes Withheld
25A Present Employer **32,418.77**

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **32,418.77**

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.

**PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed

--	--	--	--	--	--

CONFORME: **PCMS EDWIN PEREZ DANIO**

52

Employee Signature over Printed Name

Date Signed

--	--	--	--	--	--

CTC/Valid ID No. Place of Issue

Date Signed

--	--	--	--	--	--

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. 1604-C which has been filed with the Bureau of Internal Revenue.

**PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**53 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 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.

54

Employee Signature over Printed Name

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2020**
(YYYY)2 For the Period **01 01**
From (MM/DD) To (MM/DD) **12 31****Part I - Employee Information**3 TIN **460-213-472-0000**4 Employee's Name (Last Name, First Name, Middle Name)
DE GRACIA, SHIELA MAE BOTALA5 RDO Code **040**

6 Registered Address

6A ZIP Code **_____**

6B Local Home Address

6C ZIP Code **_____**

6D Foreign Address

7 Date of Birth (MM/DD/YYYY)
04 23 19848 Contact Number
_____9 Statutory Minimum Wage rate per day
_____10 Statutory Minimum Wage rate per month
_____11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**12 TIN **010-089-072-0000**13 Employer's Name
PHILIPPINE NATIONAL POLICE14 Registered Address
**MHO PNP CAMP BGEN. RAFAEL T. CRAME
QUEZON CITY**14A ZIP Code **0801**15 Type of Employer Main Employer Secondary Employer**Part III - Employer Information (Previous)**16 TIN **_____**17 Employer's Name
_____18 Registered Address **18A ZIP Code** **_____****Part IV - Summary**19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **578,336.20**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **228,860.44**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **349,475.76**22 Add: Taxable Compensation Income from Previous Employer, if applicable
_____23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **349,475.76**24 Tax Due **19,895.15**25 Amount of Taxes Withheld
25A Present Employer **19,895.15**25B Previous Employer, if applicable
_____26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **19,895.15**

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.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed **_____****CONFORME:
PAT SHIELA MAE BOTALA DE GRACIA**

52

Employee Signature over Printed Name

Date Signed **_____**CTC/Valid ID No.
of Employee **_____**Place of
Issue **_____**Date Signed **_____**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. 1604-C which has been filed with the Bureau of Internal Revenue.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**53 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 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.

54

Employee Signature over Printed Name



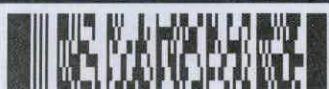
BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)	2018	2 For the Period From (MM/DD) _____ To (MM/DD) _____	
Part I - Employee Information			
3 TIN	444 - 363 - 902 - 0000	5 RDO Code DEL CASTILLO, MILCAH ARIENDA 040	
4 Employee's Name (Last Name, First Name, Middle Name)	6 Registered Address 6A ZIP Code		
6B Local Home Address 6C ZIP Code		6D Foreign Address	
7 Date of Birth (MM/DD/YYYY)	8 Contact Number		
9 Statutory Minimum Wage rate per day			
10 Statutory Minimum Wage rate per month			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
Part II - Employer Information (Present)			
12 TIN	010 - 089 - 079 - 0000	14A ZIP Code	
13 Employer's Name PHILIPPINE NATIONAL POLICE			
14 Registered Address NHQ PNP CAMP BGEN. RAFAEL T. CRAME QUEZON CITY	18A ZIP Code 0801		
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
Part III - Employer Information (Previous)			
16 TIN	18A ZIP Code		
17 Employer's Name			
18 Registered Address	18A ZIP Code		
Part IV - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	528,171.20		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	278,095.44		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	349,475.76		
22 Add: Taxable Compensation Income from Previous Employer, if applicable			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	349,475.76		
24 Tax Due	19,895.15		
25 Amount of Taxes Withheld 25A Present Employer	19,895.15		
25B Previous Employer, if applicable			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	19,895.15		
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.			
PGEN JOSE MELENCO CORPUZ NARTATEZ JR DIRECTOR, PNP FINANCE SERVICE			
51	Date Signed		
Present Employer/Authorized Agent Signature over Printed Name			
CONFORME:			
52	Date Signed		
Employee Signature over Printed Name			
CTC/Valid ID No. of Employee	Place of Issue	Date Signed	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. 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.	
53	Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		
54	Employee Signature over Printed Name		



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2018**
(YYYY)

2 For the Period

01 01

12 31

From (MM/DD)

To (MM/DD)

Part I - Employee Information

3 TIN **286 - 311 - 302 - 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **DEPALUBOS, JOHN CARLO**

5 RDO Code **040**

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **08 10 1983**

8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **000 - 088 - 078 - 0000**

13 Employer's Name **PHILIPPINE NATIONAL POLICE**

14 Registered Address **NHQ PNP CAMP BGEN. RAFAEL T. CRAME**

14A ZIP Code **0801**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **1,074,474.55**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **383,711.41**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **690,763.24**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **690,763.24**

24 Tax Due **102,690.81**

25 Amount of Taxes Withheld
25A Present Employer **102,690.81**

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted
(Sum of Items 25A and 25B) **102,690.81**

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.

**PBGEN JOSE MELENCIO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Date Signed

--	--	--

Present Employer/Authorized Agent Signature over Printed Name

PCPT JOHN CARLO DEPALUBOS

52

Date Signed

--	--	--

Employee Signature over Printed Name

CTC/Valid ID No. **_____**

Place of Issue **_____**

of Employee **_____**

Amount paid, if CTC

Date Signed

--	--	--

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.

**PBGEN JOSE MELENCIO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

53

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.

54

Employee Signature over Printed Name

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2018**
(YYYY)2 For the Period **01 01**
From (MM/DD) To (MM/DD)**Part I - Employee Information**3 TIN **283 - 571 - 731 - 0000**4 Employee's Name (Last Name, First Name, Middle Name) **GUICO, FERLYN VERGARA**5 RDO Code **040**

6 Registered Address

6A ZIP Code **1111**

6B Local Home Address

6C ZIP Code **1111**

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **11 27 1991**8 Contact Number **1111111111**

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**12 TIN **000 - 000 - 000 - 0000**13 Employer's Name **PHILIPPINE NATIONAL POLICE**14 Registered Address **WHD PNP CAMP BGEN. RAFAEL T. CRAME**14A ZIP Code **46001**15 Type of Employer Main Employer Secondary Employer**Part III - Employer Information (Previous)**16 TIN **111 - 111 - 111 - 1111**

17 Employer's Name

18 Registered Address

18A ZIP Code **11111****Part IV - Summary**19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **613,336.20**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **263,800.44**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **349,475.76**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **349,475.78**24 Tax Due **19,895.15**25 Amount of Taxes Withheld
25A Present Employer **19,895.15**

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **19,895.15**

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.

**PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed **1 1 1**

CONFORME:

52

PAT FERLYN VERGARA GUICO

Employee Signature over Printed Name

Date Signed **1 1 1**CTC/Valid ID No. **_____** Place of Issue **_____**Date Signed **1 1 1**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. 1604-C which has been filed with the Bureau of Internal Revenue.

**PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

53

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 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.

54

Employee Signature over Printed Name



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<p>1 For the Year 2018 (YYYY)</p> <p>Part I - Employee Information</p> <p>3 TIN 324-391-057-0000</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) JACILDO, JHENNY MAY ALVAREZ</p> <p>5 RDO Code Q40</p> <p>6 Registered Address</p> <p>6A ZIP Code</p> <p>6B Local Home Address</p> <p>6C ZIP Code</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY) 05/20/1993</p> <p>8 Contact Number</p> <p>9 Statutory Minimum Wage rate per day</p> <p>10 Statutory Minimum Wage rate per month</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN 000-088-079-0000</p> <p>13 Employer's Name PHILIPPINE NATIONAL POLICE</p> <p>14 Registered Address NHQ PNP CAMP BGEN. RAFAEL T. CRAME QUEZON CITY</p> <p>14A ZIP Code 0601</p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN</p> <p>17 Employer's Name</p> <p>18 Registered Address</p> <p>18A ZIP Code</p> <p>Part IV - Summary</p> <p>19 Gross Compensation Income from Present Employer (<i>Sum of Items 36 and 50</i>) 602,336.20</p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (<i>From Item 36</i>) 252,800.44</p> <p>21 Taxable Compensation Income from Present Employer (<i>Item 19 Less Item 20</i>) (<i>From Item 50</i>) 349,475.75</p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable</p> <p>23 Gross Taxable Compensation Income (<i>Sum of Items 21 and 22</i>) 349,475.75</p> <p>24 Tax Due 19,895.15</p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer 19,895.15</p> <p>25B Previous Employer, if applicable</p> <p>26 Total Amount of Taxes Withheld as adjusted (<i>Sum of Items 25A and 25B</i>) 19,895.15</p>	<p>2 For the Period 01 01 From (MM/DD) To (MM/DD)</p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <p>27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00</p> <p>28 Holiday Pay (MWE)</p> <p>29 Overtime Pay (MWE)</p> <p>30 Night Shift Differential (MWE)</p> <p>31 Hazard Pay (MWE)</p> <p>32 13th Month Pay and Other Benefits (maximum of P90,000) 54,336.00</p> <p>33 De Minimis Benefits 28,180.00</p> <p>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (<i>Employee share only</i>) 0,540.24</p> <p>35 Salaries and Other Forms of Compensation 108,824.20</p> <p>36 Total Non-Taxable/Exempt Compensation Income (<i>Sum of Items 27 to 35</i>) 252,800.44</p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>37 Basic Salary 349,475.75</p> <p>38 Representation</p> <p>39 Transportation</p> <p>40 Cost of Living Allowance (COLA)</p> <p>41 Fixed Housing Allowance</p> <p>42 Others (specify)</p> <p>42A</p> <p>42B</p> <p>SUPPLEMENTARY</p> <p>43 Commission</p> <p>44 Profit Sharing</p> <p>45 Fees Including Director's Fees</p> <p>46 Taxable 13th Month Benefits 0.00</p> <p>47 Hazard Pay</p> <p>48 Overtime Pay</p> <p>49 Others (specify)</p> <p>49A</p> <p>49B</p> <p>50 Total Taxable Compensation Income (<i>Sum of Items 37 to 49B</i>) 349,475.75</p>
<p>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.</p>	
<p>PBGEN JOSE MELENCO CORPUZ NARTATEZ JR DIRECTOR, PNP FINANCE SERVICE</p>	
<p>51 Present Employer/Authorized Agent Signature over Printed Name</p>	
<p>Date Signed <input type="text"/></p>	
<p>CONFORME:</p>	
<p>52 PAT JHENNY MAY ALVAREZ JACILDO</p>	
<p>Employee Signature over Printed Name</p>	
<p>Date Signed <input type="text"/></p>	
<p>CTC/Valid ID No. <input type="text"/> Place of Issue <input type="text"/></p>	
<p>Date Signed <input type="text"/> Amount paid, if CTC <input type="text"/></p>	
<p>To be accomplished under substituted filing</p>	
<p>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.</p>	
<p>PBGEN JOSE MELENCO CORPUZ NARTATEZ JR DIRECTOR, PNP FINANCE SERVICE</p>	
<p>53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	
<p>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.</p>	
<p>54 Employee Signature over Printed Name</p>	



BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)		2 For the Period From (MM/DD) To (MM/DD)	
Part I - Employee Information			
3 TIN 433 - 838 - 818 - 0000		4 Employee's Name (Last Name, First Name, Middle Name) LLANES, SHEBONG MATIBAG	
5 RDO Code 040		6 Registered Address	
6A ZIP Code		6B Local Home Address	
6C ZIP Code		6D Foreign Address	
7 Date of Birth (MM/DD/YYYY) 01/01/1994		8 Contact Number	
9 Statutory Minimum Wage rate per day		10 Statutory Minimum Wage rate per month	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
Part II - Employer Information (Present)			
12 TIN 500 - 088 - 078 - 0003		13 Employer's Name PHILIPPINE NATIONAL POLICE	
14 Registered Address PNP CAMP BGEN. RAFAEL T. CRAME QUEZON CITY		14A ZIP Code 0801	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		Part III - Employer Information (Previous)	
16 TIN		17 Employer's Name	
18 Registered Address		18A ZIP Code	
Part IV A - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		593,336.20	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		243,980.44	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		349,475.76	
22 Add: Taxable Compensation Income from Previous Employer, if applicable			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		349,475.76	
24 Tax Due		19,895.15	
25 Amount of Taxes Withheld 25A Present Employer		19,895.15	
25B Previous Employer, if applicable			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		19,895.15	
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.			
51 Present Employer/Authorized Agent Signature over Printed Name CONFORME: PAT SHEBONG MATIBAG LLANES		Date Signed	
52 Employee Signature over Printed Name CTC/Valid ID No. _____ Place of Issue _____		Date Signed	
53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		Date Signed	
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.		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.	
54 Present Employer/Authorized Agent Signature over Printed Name		Employee Signature over Printed Name	

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2020**
(YYYY)

2 For the Period

01 01

From (MM/DD)

12 31

To (MM/DD)

Part I - Employee Information3 TIN **315 - 139 - 728 - 0000**4 Employee's Name (Last Name, First Name, Middle Name) **MICU, EUNICE ANGAT**5 RDO Code **040**

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **11 18 1992**

8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**12 TIN **000 - 088 - 079 - 0000**13 Employer's Name **PHILIPPINE NATIONAL POLICE**14 Registered Address **NHQ PNP CAMP BGEN. RAFAEL T. CRAME
QUEZON CITY**14A ZIP Code **0601**15 Type of Employer Main Employer Secondary Employer**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

Part IV - Summary19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **502,336.20**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **252,800.44**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **349,476.76**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **349,476.76**24 Tax Due **19,895.15**

25 Amount of Taxes Withheld

25A Present Employer **19,895.15**

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **19,895.15**

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.

**PBGEN JOSE MELENCIO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed

--	--	--	--	--

CONFORME:

PAT EUNICE ANGAT MICU

52

Employee Signature over Printed Name

Date Signed

--	--	--	--	--

CTC/Valid ID No. _____
of Employee _____Place of
Issue _____

Date Signed

--	--	--	--	--

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. 1604-C which has been filed with the Bureau of Internal Revenue.

**PBGEN JOSE MELENCIO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

53

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 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 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

Employee Signature over Printed Name



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2018**
(YYYY)

20050701708

SEQUENCE NO. 148730

To (MM/DD)

12 31

Part I - Employee Information

3 TIN **282-751-845-0000**

4 Employee's Name (Last Name, First Name, Middle Name) **OLIVAS, NINO CONSTANTE MARTINEZ**

5 RDO Code **040**

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **01 01 1984**

8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **100-082-079-0000**

13 Employer's Name

PHILIPPINE NATIONAL POLICE

14 Registered Address **PNP CAMP BGEN. RAFAEL T. CRAME
QUEZON CITY** 14A ZIP Code **0801**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IV - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	718,963.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	323,905.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	395,058.92
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	395,058.92
24 Tax Due	29,011.38
25 Amount of Taxes Withheld 25A Present Employer	29,011.38
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	29,011.38

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.

**PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51 _____ Present Employer/Authorized Agent Signature over Printed Name

Date Signed

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CONFORME:
52 **PMSSG NINO CONSTANTE MARTINEZ OLIVAS**

Employee Signature over Printed Name

Date Signed

--	--	--	--

CTC/Valid ID No. _____ Place of Issue _____

Date Signed

--	--	--	--

Amount paid, if CTC

53 _____ Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/Human Resource or Authorized Representative)

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.

**PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

54 _____ 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 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.

54

Employee Signature over Printed Name

BIR Form No.
2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2020**
(YYYY)2 For the Period **01 01**
From (MM/DD) To (MM/DD) **12 31****Part I - Employee Information**3 TIN **228 - 401 - 489 - 0000**4 Employee's Name (Last Name, First Name, Middle Name) **REY, AILYN IBANEZ** 5 RDO Code **040**6 Registered Address **[Address]** 6A ZIP Code **[ZIP]**6B Local Home Address **[Address]** 6C ZIP Code **[ZIP]**6D Foreign Address **[Address]**7 Date of Birth (MM/DD/YYYY) **08 13 1981** 8 Contact Number **[Phone]**9 Statutory Minimum Wage rate per day **[Amount]**10 Statutory Minimum Wage rate per month **[Amount]**11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax**Part II - Employer Information (Present)**12 TIN **000 - 088 - 079 - 0000**13 Employer's Name **PHILIPPINE NATIONAL POLICE**14 Registered Address **NHQ PNP CAMP BGEN. RAFAEL T. CRAME** 14A ZIP Code **0801**
QUEZON CITY15 Type of Employer Main Employer Secondary Employer**Part III - Employer Information (Previous)**16 TIN **[TIN]**17 Employer's Name **[Name]**18 Registered Address **[Address]** 18A ZIP Code **[ZIP]****Part IVA - Summary**19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **671,991.50**20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **283,504.07**21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **378,387.48**

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **378,387.48**24 Tax Due **25,677.50**25 Amount of Taxes Withheld
25A Present Employer **25,677.50**

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **25,677.50**

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.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Date Signed **[Signature]**

Present Employer/Authorized Agent Signature over Printed Name

CONFORME: **PSSG AILYN IBANEZ REY**

52

Date Signed **[Signature]**

Employee Signature over Printed Name

CTC/Valid ID No. **[ID]** Place of Issue **[Place]**Date Signed **[Signature]** Amount paid, if CTC **[Amount]****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.

**PGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**53 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 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.

54

Employee Signature over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS



January 2018 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year

2018

(YYYY)

20180903327

SEQUENCE NO. 148738

2316

Part I - Employee Information

3 TIN

470 - 458 - 662 - 0000

4 Employee's Name (Last Name, First Name, Middle Name)

SERNAT, MAY ANN CABIT

5 RDO Code

040

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY)

08 18 1983

8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN

000 - 058 - 075 - 0000

13 Employer's Name

PHILIPPINE NATIONAL POLICE

14 Registered Address

WHD PNP CAMP BGEN. RAFAEL T. CRAME
QUEZON CITY

14A ZIP Code

0801

15 Type of Employer

Main Employer

Secondary Employer

Part III - Employer Information (Previous)

16 TIN

000 - 058 - 075 - 0000

17 Employer's Name

18 Registered Address

18A ZIP Code

Part IV - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)

816,796.20

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)

250,949.20

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)

364,847.00

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (Sum of Items 21 and 22)

364,847.00

24 Tax Due

22,969.40

25 Amount of Taxes Withheld

22,969.40

25A Present Employer

25B Previous Employer, if applicable

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)

22,969.40

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.

PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:

PCPL MAY ANN CABIT SERNAT

52

Employee Signature over Printed Name

Date Signed

Amount paid, if CTC

CTC/Valid ID No.
of Employee

Place of
Issue

Date Signed

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.

PBGEN JOSE MELENCO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE

53

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 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 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

Employee Signature over Printed Name



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year **2018**
(YYYY)

20180301864

SEQUENCE NO. 148739

01 01 12 31
From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN **205-147-340-000**

4 Employee's Name (Last Name, First Name, Middle Name)
Vergara, JONELL ACIERTO

5 RDO Code
040

6 Registered Address

6A ZIP Code
111

6B Local Home Address

6C ZIP Code
111

6D Foreign Address

7 Date of Birth (MM/DD/YYYY)
08/15/1984

8 Contact Number
111-111-1111

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **000-089-078-000**

13 Employer's Name

PHILIPPINE NATIONAL POLICE

14 Registered Address

**NRQ PNP CAMP BGEN. RAFAEL T. CRAME
QUEZON CITY**

14A ZIP Code
4801

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN **111-111-111-111**

17 Employer's Name

18 Registered Address

18A ZIP Code
111

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	617,890.85
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	204,242.85
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	363,648.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	363,648.00
24 Tax Due	22,729.60
25 Amount of Taxes Withheld 25A Present Employer	22,729.60
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	22,729.60

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.

**PBGEN JOSE MELENCIO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

51

Present Employer/Authorized Agent Signature over Printed Name

Date Signed

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CONFORME:

PCPL JONELL ACIERTO VERGARA

52

Employee Signature over Printed Name

Date Signed

--	--	--

CTC/Valid ID No.
of Employee

Place of
Issue

Date Signed

--	--	--

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. 1604-C which has been filed with the Bureau of Internal Revenue.

**PBGEN JOSE MELENCIO CORPUZ NARTATEZ JR
DIRECTOR, PNP FINANCE SERVICE**

53

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 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.

54

Employee Signature over Printed Name