

INSTRUCTIONS: Please fill out the form legibly in block letters using a ballpoint pen. Check if appropriate boxes. Please do not leave any items unanswered. Indicate "NA" if not applicable. You may use extra sheet if needed. Submit Accomplished form to the Public Employment Service Office (PESO) Manager or Officer in your city/municipality.

I. ESTABLISHMENT DETAILS

Business Name: 123

Trade Name: 324

Acronym/Abbreviation: 11

- Main Office
 Branch

Tax Identifier Number:

Employer Type

- | | |
|--|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private |
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> Direct Hire |
| <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> Local Recruitment Agency |
| <input type="checkbox"/> Government-Owned and Controlled Corporation | <input type="checkbox"/> Overseas Recruitment Agency |
| <input type="checkbox"/> State/Local University or College | <input type="checkbox"/> D.O. 174 |

Total Work Force: Micro (1-9) Small (10-99) Medium (100-999) Large (200 and up)

Line of Business/Industry (check BIR 2303):

Street/Village:

Barangay:

Municipal/City:

Province:

II. ESTABLISHMENT CONTACT DETAILS

Name of Owner/President (Full Name):

Contact Person (Full Name):

Position:

Telephone Number:

Mobile Number:

Fax Number:

Email Address:



Republic of the Philippines
MUNICIPALITY OF CAINTA

ONE



Province of Rizal

CAINTA
OFFICE OF THE MAYOR
 BUSINESS PERMIT AND LICENSING OFFICE

BUSINESS PERMIT

PERMIT NO: 2021 5413

Pursuant to the provisions of the 2001 Revised Revenue Code of Cainta, Rizal, and Local Government Code of 1991, PERMIT is hereby GRANTED to:

FRANCIA TRAVEL & TOURS

BUSINESS NAME

TRAVEL AGENCY

Nature of Business

JOHN PHILLIP DE GUZMAN FRANCIA,

Owner's Name

Address:
79 VILLAGE EAST AVE., VILLAGE EAST EXECUTIVE HOMES CAINTA, RIZAL

 New
 Renewal

Signed and sealed this 31 day of March at Cainta, Rizal.

CONDITIONS FOR THE VALIDITY OF THIS PERMIT

- This permit must be displayed at all times in a conspicuous place in the business establishment.
- This permit shall be subject to all existing pertinent laws and ordinances, rules and regulations governing the business or trade activity.
- This permit is not valid if not counter signed by the BPLO Chief or there is an alteration in it or if taxes, fees, charges are not paid pursuant to the existing Municipal Tax Ordinance.
- In case of retirement from business, trade or occupation, the permit owner/holder shall notify the Office of the Municipal Treasurer not later than the date of retirement and shall surrender this permit and business plate issued.
- Any violation of the terms and conditions for which this permit was granted or when public interest will so require shall be enough ground to REVOKE the said permit and CLOSURE of the business establishment.
- This permit is Non-Transferable.

APPROVED BY:

HON. J. KEITH P. NIETO
 Municipal Mayor

Official Receipt No. : 3140860
 Date Issued : 03/01/2021
 Amount : 11,053.00

VALID UNTIL DECEMBER 31, 2021

ORIGINAL COPY

 For BIR BCS/
 Use Only Item:

 Republic of the Philippines
 Department of Finance
 Bureau of Internal Revenue

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

 BIR Form No.
2316
 January 2018 (ENCS)

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	4 Employee's Name (Last Name, First Name, Middle Name)	5 RDO Code
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	
Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE		
28 Holiday Pay (MWE)		
29 Overtime Pay (MWE)		
30 Night Shift Differential (MWE)		
31 Hazard Pay (MWE)		
32 13th Month Pay and Other Benefits (maximum of P90,000)		

9 Statutory Minimum Wage rate per day		33 De Minimis Benefits			
10 Statutory Minimum Wage rate per month		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (<i>Employee share only</i>)			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries and Other Forms of Compensation			
Part II - Employer Information (Present)					
12 TIN	-	-	-		
13 Employer's Name					
14 Registered Address		14A 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 (<i>Sum of Items 36 and 50</i>)		43 Commission			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (<i>From Item 36</i>)		44 Profit Sharing			
21 Taxable Compensation Income from Present Employer (<i>Item 19 Less Item 20</i>) (<i>From Item 50</i>)		45 Fees Including Director's Fees			
22 Add: Taxable Compensation Income from Previous Employer, if applicable		46 Taxable 13th Month Benefits			
23 Gross Taxable Compensation Income (<i>Sum of Items 21 and 22</i>)		47 Hazard Pay			
24 Tax Due		48 Overtime Pay			
25 Amount of Taxes Withheld		49 Others (<i>specify</i>)			
25A Present Employer		49A			
25B Previous Employer, if applicable		49B			
26 Total Amount of Taxes Withheld as adjusted (<i>Sum of Items 25A and 25B</i>)		50 Total Taxable Compensation Income (<i>Sum of Items 37 to 49B</i>)			
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				
CONFORME:		52 _____ Employee Signature over Printed Name	Date Signed		
CTC/Valid ID No. _____	Place of Issue _____	Date Issued			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				

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