

For BIR BCS/  
Use Only Item.

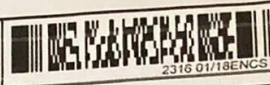


Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No.  
**2316**

January 2018 (ENCS)

### Certificate of Compensation Payment/Tax Withheld



2316 01718ENCS

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

1 For the Year (YYYY) **2021**

2 For the Period From (MM/DD) **07 21** To (MM/DD) **12 31**

#### Part I - Employee Information

3 TIN **363 - 156 - 293 - 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **LANAS, ANN MILLEN JEAN, SALUDAR**

#### 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 **0.00**

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) **3,974.27**

33 De Minimis Benefits **0.00**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **4,715.00**

35 Salaries and Other Forms of Compensation **0.00**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **8,689.27**

6 Registered Address

6B Local Home Address

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 **459 - 894 - 906 - 00000**

13 Employer's Name **GOLDEN GREAT PEAK ENGLISH INC**

14 Registered Address **UNIT 3 ABC 3F JDN SQUARE P REMEDIO ST BANILAD MANDAUE CITY CEBU**

15 Type of Employer  Main Employer  Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **80,700.65**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **8,689.27**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **72,011.38**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **72,011.38**

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**

##### B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary **72,011.38**

38 Representation

39 Transportation

40 Cost of Living Allowance (COLA)

41 Fixed Housing Allowance

42 Others (specify)

42A **0.00**

42B

##### SUPPLEMENTARY

43 Commission

44 Profit Sharing

45 Fees Including Director's Fees

46 Taxable 13th Month Benefits **0.00**

47 Hazard Pay

48 Overtime Pay

49 Others (specify)

49A

49B

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **72,011.38**

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.

51 **TATEISHI MASATO**  
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME: 52 **ANN MILLEN JEAN SALUDAR LANAS**  
Employee Signature over Printed Name

Date Signed **09 07 20 12 12**

CTC/Valid ID No. of Employee

Place of Issue

Date Issued

Amount paid, if CTC

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 **TATEISHI MASATO**  
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 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.

**ANN MILLEN JEAN SALUDAR LANAS**  
Employee Signature over Printed Name

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

**MEMBER DATA RECORD**

**MEMBER INFORMATION**

PhilHealth Identification Number (PIN) : **120516039782**  
 Member Category : FORMAL ECONOMY  
 Sub-Category : PRIVATE  
 NHTS Coverage :  
 Effectivity Period :

**LAÑAS, ANN MILLEN JEAN SALUDAR**  
 PERRELOS, CARCAR, CEBU 6019

Foreign Address : N/A  
 Sex : Female  
 Date of Birth : 01/01/2000  
 Place of Birth : CEBU CITY, CEBU  
 Contact No. (Foreign) : N/A  
 Civil Status : SINGLE  
 (Local) :  
 Tax Identification Number :

**EMPLOYER/ORGANIZED GROUP INFORMATION**

Philhealth Number (PEN/POGN) : 230276000859  
 Name of Employer/Organized Group : GOLDEN ARCHES DEVELOPMENT CORPORATION  
 Business Address : 17F CITIBANK CTR PASEO DE ROXAS, MAKATI CITY, FOURTH DIST.  
 Telephone Number : 8154708  
 Tax Identification Number : 000121242118

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

**LOURDES F. DIOCSO**  
 Regional Vice President  
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)  
 This is a system generated report. Signature is not required.



Pag-IBIG Fund  
Mandaue Branch

06/14/19  
Date

Lanas, Ann Millem Jean Saludar

Name of Member

Dear Member,

Congratulations!

You have been successfully registered with the Fund. Your

(RTN): 9191.6520.9286

Pag-IBIG/MID # 1212 5225 3986

Use the RTN/MID when remitting your contributions, and if employed, submit your RTN/MID to your HR unit to enable the number-based remittance of your contributions through your employer.

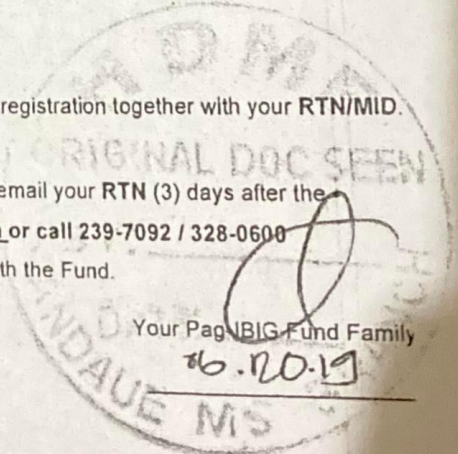
Expect a text message confirming your registration together with your RTN/MID.

ALTERNATIVELY to get your MID, you may email your RTN (3) days after the registration to [rtbellita@pagibigfund.gov.ph](mailto:rtbellita@pagibigfund.gov.ph) or call 239-7092 / 328-0600

Thank you for your continued support with the Fund.

Your Pag-IBIG Fund Family

06.12.19





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
SS NUMBER SLIP

SS Number: 06-4309476-1

LAÑAS, ANN MILLEN JEAN SALUDAR

Birthdate: 01/01/2000

