



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) **2023**

2 For the Period From (MM/DD) **04 12** To (MM/DD) **10 10**

**Part I - Employee Information**

**Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

3 TIN **622 706 510 0000**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

4 Employee's Name (Last Name, First Name, Middle Name) **NAVARES, FRITZ EZER QUIEL** 5 RDO Code **080**

Amount

6 Registered Address **PUROK SAMBAG TISA CEBU CITY** 6A Zip Code

27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) **54,978.44**

6B Local Home Address 6C Zip Code

28 Holiday Pay (MWE) **0.00**

6D Foreign Address 6E Zip Code

29 Overtime Pay (MWE) **0.00**

7 Date of Birth (MM/DD/YYYY) **06 05 1992** 8 Telephone Number

30 Night Shift Differential (MWE) **0.00**

9 Statutory Minimum Wage rate per day **435.00**

31 Hazard Pay (MWE) **0.00**

10 Statutory Minimum Wage rate per month **11,310.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **5,002.50**

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

33 De Minimis Benefits **1,375.00**

**Part II - Employer Information (Present)**

34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) **4,218.50**

12 Taxpayer **408 902 617 0000**

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

13 Employer's Name **GENESIS MOTORS CORPORATION**

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **65,574.44**

14 Registered Address **M. C. BRIONES ST. HIGHWAY IBABAO MANDAUE** 14A Zip Code **6014**

**B. TAXABLE COMPENSATION INCOME REGULAR**

15 Type of Employer  Main Employer  Secondary Employer

37 Basic Salary **0.00**

**Part III - Employer Information (Previous)**

38 Representation

16 TIN

39 Transportation

17 Employer's Name

40 Cost of Living Allowance (COLA)

18 Registered Address 18A Zip Code

41 Fixed Housing Allowance

**Part IVA - Summary**

42 Others (Specify)

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **77,424.54**

42A **11,850.10**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **65,574.44**

42B

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **11,850.10**

**SUPPLEMENTARY**

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

43 Commission

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **11,850.10**

44 Profit Sharing

24 Tax Due **0.00**

45 Fees Including Director's Fees

25 Amount of Taxes Withheld 25A Present Employer **0.00**

46 Taxable 13th Month Pay Benefits **0.00**

25B Previous Employer **0.00**

47 Hazard Pay

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

48 Overtime Pay

49 Others (Specify)

49A

49B

50 Total Taxable Compensation Income (Sum of Items 37 and 49B) **11,850.10**

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 **ELIZABETH CANADA**  
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

52 **FRITZ EZER QUIEL NAVARES**  
Employee Signature Over Printed Name

Date Signed

CTC/Valid ID No. of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date of Issue

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. 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 **ELIZABETH CANADA**  
Present Employer/ Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

54 **FRITZ EZER QUIEL NAVARES**  
Employee Signature Over Printed Name

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



Republic of the Philippines  
 Province of Cebu  
 CEBU CITY  
 BARANGAY TISA  
 Tel. No.:(032) 234-3606



OFFICE OF THE BARANGAY CAPTAIN

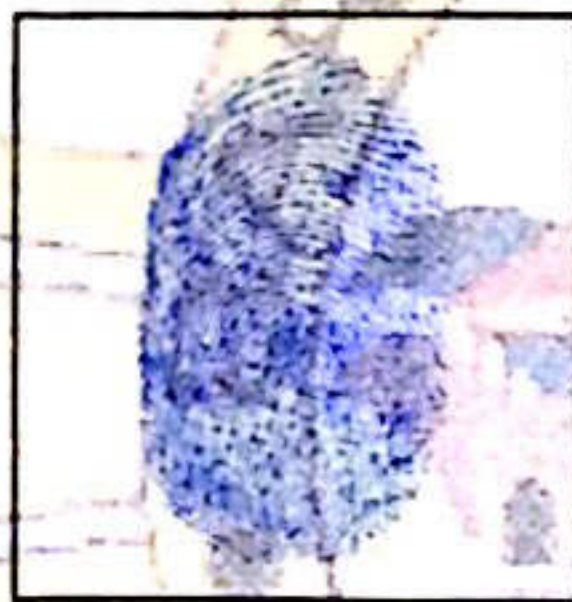
## BARANGAY CLEARANCE

This is to certify that the person whose name, picture and signature appeared herein has requested a BARANGAY CLEARANCE from this office.

COMPLETE NAME: FRITZ EZER QUIEL NAVARES GENDER: Male  
 ADDRESS: Katipunan St. Purok Sambag, Tisa, Cebu City, Cebu DATE OF BIRTH: June 05, 1992  
 CIVIL STATUS: Single PLACE OF BIRTH: Cebu City  
 PURPOSE: EMPLOYMENT



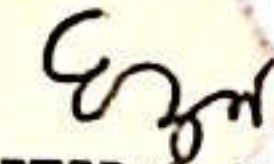
Date Taken: 05/03/2024



Left Thumb



Right Thumb

  
 FRITZ EZER Q. NAVARES  
 Signature over printed name

It is further certified that the above person is a law-abiding citizen of good moral character and has no pending case filed against him in this office.

Issued this 10th day of June, 2024 at Barangay Tisa, Cebu City, Cebu, Philippines.

  
 HON. BERNARDO LAPIÑA JR.  
 Barangay Captain

OR Number:  
 Amount Paid: 0.00  
 Doc. Stamp: 0.00



Certificate No. 2217085-8178  
 Control No: 2024-81785

Not valid if there is no official dry seal

This clearance is good until December 10, 2024, revocable for cause


## **CERTIFICATE OF EMPLOYMENT**

To Whom It May Concern:

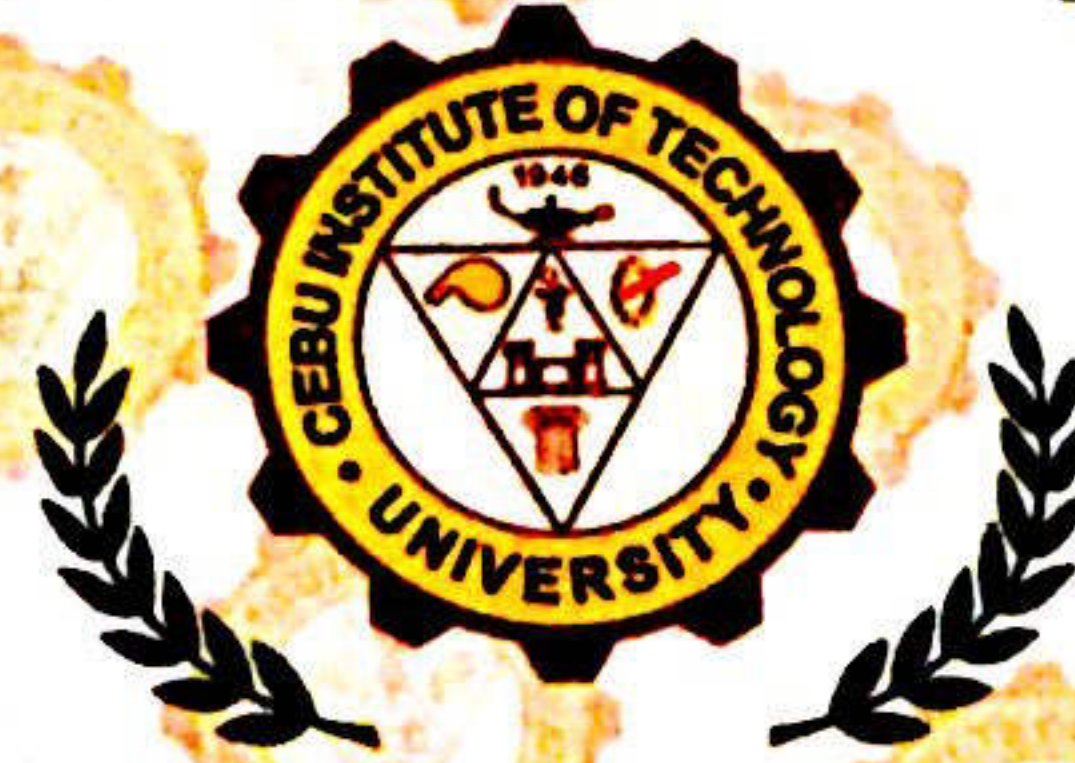
This is to certify that **MR. FRITZ EZER Q. NAVARES** was an employee of **GENESIS MOTORS CORPORATION** from April 12, 2023 to October 10, 2023 as Sales Consultant.

This certification is issued to **MR. NAVARES** for whatever legal purpose this may serve best.

Done this **2<sup>nd</sup> day of December 2023** at M.C. Briones St., Highway Ibabao, Mandaue City, Cebu.

  
**AURELYN D. PONCARDAS**  
Human Resource Department

# Cebu Institute of Technology University



*The Board of Directors, by virtue of the authority vested by the Commission on Higher Education, Republic of the Philippines and on the recommendation of the faculty, has conferred upon*

**Fritz Ezer Quiel Navares**

*who has successfully completed all the requirements  
the degree of*

**Bachelor of Science in Mechanical Engineering**

*with all the rights, honors, and privileges as well as the obligations  
and responsibilities thereto appertaining.*

*Given in Cebu City, Philippines, this 10th day  
of June in the year of our Lord,  
two thousand and Twenty*

*Evangelina Evangelista*  
DEAN

*[Signature]*  
PRESIDENT  
CHAIRMAN, BOARD OF DIRECTORS

GRANTED AUTONOMOUS STATUS

PACUCOA LEVEL III RE-ACCREDITED / EXEMPTED

FROM THE ISSUANCE OF SPECIAL ORDER



Search here



Tisa

Katipunan St



Tisa purok sambag

Recently viewed

AYO Garage



Kalye



Pater sa Tisa

Less busy than usual

Petron



7-Eleven Tisa (1568)

Busier than usual



Braddex



Katipunan St

y Hall



Angel's Burger



Lourdes Dr



Google



Explore

Go

Saved

Contribute

Updates



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39433062

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO: <b>N162FFER29-R71619794</b>	VALID UNTIL <b>May 24, 2025</b>
FAMILY NAME <b>NAVARES</b>	FIRST NAME <b>FRITZ EZER</b>
MIDDLE NAME <b>QUIEL</b>	HUSBAND'S SURNAME
ADDRESS <b>PUROK SAMBAG BRGY TISA CEBU CITY</b>	
DATE OF BIRTH <b>June 05, 1992</b>	PLACE OF BIRTH <b>CEBU CITY</b>
CITIZENSHIP <b>FILIPINO</b>	CIVIL STATUS <b>SINGLE</b>
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>	
REMARKS <b>NO RECORD ON FILE</b>	



SIGNATURE

*Fritz Ezer Navares Quiel*

GENDER  
**MALE**



Date Printed: Friday, May 24, 2024 02:39 PM



N162FFER29-R71619794

*Medardo G. de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Agency R7  
CASID villarinn  
O.R. No. MP8SHOC0YZ  
O.R. Date 05/24/2024 2:34:52 PM  
DST PAID

DATID villarinn  
BIOID villarinn  
RECID  
INTID  
PRTID villarinn



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121318469712
REGISTRATION TRACKING NO.	923107893589

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE <span style="float: right;">Please specify</span>	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION MIDDLE NAME NO MIDDLE NAME
MEMBER	NAVARES	FRITZ EZER	QUIEL <input type="checkbox"/>
FATHER	NAVARES	ARTEMIO	JR BALANSAG <input type="checkbox"/>
MOTHER (Maiden Name)	QUIEL	CYNTHIA	QUIAMCO <input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	NAVARES	FRITZ EZER	QUIEL <input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS	
06/05/1992		Single/Unmarried	
PLACE OF BIRTH		CITIZENSHIP	
CEBU CITY, CEBU		FILIPINO	
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
MALE	159 00	53 00	
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	
		TAXPAYER IDENTIFICATION NUMBER (TIN)	
		SSS NUMBER	
		GSIS NUMBER	
		EMPLOYEE NUMBER 23-02-2142	
		For AFP/PNP Employee, Serial/Badge No.	
		For DepEd Employee, Division Code-Station Code	

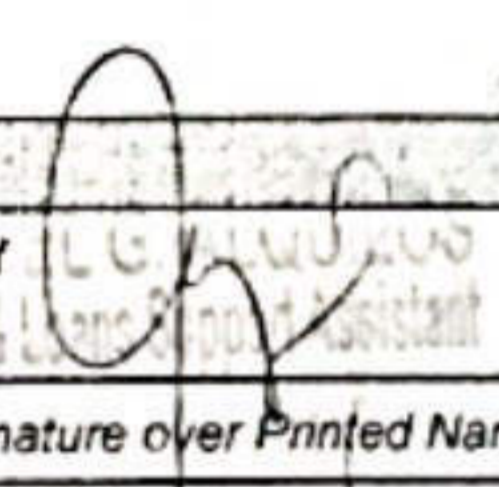
ADDRESS AND CONTACT DETAILS			
PERMANENT HOME ADDRESS			COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No. Floor	Building Name		Home
Lot No. Block No. Phase No.	House No.	Street Name	Cell Phone
		PUROK SAMBAG	+63 (0997) 0798220
Subdivision	Barangay		Business (Direct Line)
	TISA		Business (Trunk Line)
Municipality/City	Province/State/Country		Email Address
CEBU CITY	CEBU, PHILIPPINES		fritzemavs@gmail.com
ZIP Code			
6000			
PRESENT HOME ADDRESS			
Unit/Room No. Floor	Building Name	Lot No. Block No.	Phase No.
House No.	Street Name	Subdivision	Barangay
	PUROK SAMBAG		TISA
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION FIRST-LINE SUPERVISORS/MANAGERS, SALES WORKERS			EMPLOYMENT STATUS CONTRACTUAL	TYPE OF WORK	
EMPLOYER/BUSINESS NAME FRITZ EZER NAVARES			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No., Floor	Building Name		Basic		11,130.00
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others
				MC BRIONES ST	0.00
Subdivision	Barangay		Total Mo. Income		11,130.00
Municipality/City MANDAUE CITY	Province CEBU		OFFICE ASSIGNMENT		
State/Country(if abroad) PHILIPPINES	ZIP Code 6014		Genesis Motors Corporation		
			DATE EMPLOYED APR 2023		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
					[ ]

CERTIFICATION			
I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed, (b) object to processing, (c) access, (d) rectify, suspend or withdraw my personal data, (e) damages, and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012)			
SIGNATURE OF INFORMANT		DATE	
FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
 Accn. & Loans Product Assistant			
Signature over Printed Name	Designation/Position	Branch/Unit	MAY 24 2024

**DISCLAIMER**

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



PhilHealth  
Your Partner in Health



**12-051652917-8**

**NAVARES, FRITZ EZER QUIEL**

JUNE 05, 1992 - MALE

PUROK SAMBAG TISA CEBU CITY CEBU - 6000

*Ezer*

Signature



1 2 0 5 1 6 5 2 9 1 7 8

**FORMAL ECONOMY**



Form No 102 (Rev 6-20-73)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in duplicate)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 92-41  
CITY/MUNICIPALITY Cebu City

1. NAME (First) FRITZ EZEK (Middle) GUILL (Last) NAVARES

2. SEX (Place 'X' on appropriate answer) X 1 Male    2 Female DATE OF BIRTH (Day) 5 (Month) June (Year) 1992

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) Tina Plaza (City/Municipality) Cebu City (Province) Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single    2 Twin    3 Three or more 5b. IF MULTIPLE BIRTH, CHILD WAS    1 First    2 Second    3 Third, 4th, etc.

6. MAIDEN NAME (First) Imelda Guineo Guill (Middle) Guill (Last) Guill 7. NATIONALITY Phil 8. RELIGION C.P.

9. NAME (First) Imelda Edwina Navares (Middle) Navares (Last) Navares 10. NATIONALITY Phil 11. RELIGION C.P.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment on the back) Date December 12, 1981 Place Tina Plaza, Tina Plaza, Cebu City

13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at    o'clock am/pm on the date stated above  
Signature Imelda Edwina Navares Address Tina Plaza, Cebu City  
Name in print Imelda Edwina Navares Date 5-5-92  
Title or position Trained Midwife

14. INFORMANT Signature Imelda Edwina Navares Address Tina Plaza, Cebu City  
Name in print Imelda Edwina Navares Date 5-5-92  
Relationship to child Mother

15a. PREPARED BY Signature Imelda Edwina Navares b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Name in print Imelda Edwina Navares Signature NIDA A. NUNEZ  
Title or position Trained Midwife Name in print CLERK III  
Date 5-5-92 Title or position DATE REC'D 5-5-92

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

RESERVE FOR BINDING

Local Civil Registry Station 92000471 5

PROVINCE Cebu CITY/MUNICIPALITY Cebu City

17. Weight of Birth (In grams) 3.9 kgm 18. Birth Order of Child Ex. first, second, etc. 2nd

19a. Total Number of Children Born Alive 4 19b. How many children are now living including this birth? 4 19c. How many of them were born at this place? 2

20. Usual Occupation Housewife 21. Age at the time of this Birth 38

22. Usual Residence (Barangay) Tina Plaza (City/Municipality) Cebu City (Province) Cebu

23. Usual Occupation Letante 24. Age at the time of this Birth 37

25. Attendant of Birth (Place 'X' on appropriate answer) X 1 Physician    2 Nurse    3 Midwife    4 Healer    5 Others   

Sex    44 Date of Birth 05/05/92 45 Place of Birth Cebu City 51 Mother's Nationality    56 Father's Nationality    57

NAME OF CHILD First FRITZ EZEK M.I.    Last NAVARES

*CDSM*

CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

08013-96-400ARM-00563-BI001

BEST POSSIBLE IMAGE



T400080134000056312092021001  
6P600059901

BReN  
02217-A92L50P-9

Documentary  
Stamp Tax Paid



**NAVARES, FRITZ EZER QUIEL**

SS Number: 06-4572543-6

**i** Your password will expire on Nov 13, 2024 | Your last login was on Apr 26, 2024 8:48:20 AM thru the SSS Website

[HOME](#) [MEMBER INFO](#) [INQUIRY](#) [SERVICES](#) [PAYMENT REFERENCE NUMBER \(PRN\)](#) [LOGOUT](#)

## Member Details

### Address & Contact Information

Local Home Address	PUROK SAMBAG TISA CEBU CITY (CAPITAL) CEBU 6000
Local Mailing Address	PUROK SAMBAG TISA CEBU CITY (CAPITAL) CEBU 6000
Landline:	
Mobile:	09970798220
Email Address	fritzezernavs@gmail.com
Foreign Home Address	
Foreign Mailing Address	

SS Number Status :	0 - ACTIVE
Document Compliance :	APPLICATION THRU SSS WEB/MOBILE APP - WITH NO SUBMITTED DOCUMENT(S)
Membership Status :	TEMPORARY
Prior Registrant :	NO
Date of SS Number Issuance :	04/17/2023
Sex :	MALE
Reporting Date :	
Reporting ID :	



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**NAVARES, FRITZ EZER QUIEL**

**TIN: 622-706-510-000**

**PUROK SAMBAG TISA CEBU CITY,  
CEBU 6000**

**BIRTH DATE: 06/05/1992**

**ISSUE DATE: 06/16/2023**



  
SIGNATURE