



BIR Form No.
2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

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 IV-B Details of Compensation Income & Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	9,050.00
35 De Minimis Benefits	11,743.11
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	8,947.50
37 Salaries and Other Forms of Compensation	8,387.93
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	38,128.54

Part II - Employer Information (Present)

12 TIN - - -

13 Employer's Name

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	103,220.02
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	
44A <input type="text" value="0.00"/>	0.00
44B <input type="text" value="0.00"/>	0.00

Part III - Employer Information (Previous)

16 TIN - - -

17 Employer's Name

18 Registered Address 18A ZIP Code

SUPPLEMENTARY

45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (specify)	
51A <input type="text" value="0.00"/>	0.00
51B <input type="text" value="0.00"/>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	103,220.02

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	141,348.56
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	38,128.54
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	103,220.02
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	103,220.02
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
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
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Sum of Items 26 and 27)	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.

53 CABAGNOT, MICHELLE KIBLATAIN Present Employer/Authorized Agent Signature over Printed Name Date Signed

CONFORME:

54 GUMAHAD,KEITH HARVEY JERUSALEM Employee Signature over Printed Name Date Signed Amount paid, if CTC

CTC/Valid ID No. of Employee Place of Issue Date Issued

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.

55 CABAGNOT, MICHELLE KIBLATAIN 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.

56 GUMAHAD,KEITH HARVEY JERUSALEM Employee Signature over Printed Name

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



Optum Global Solutions
(Philippines) Inc.

1st to 4th Floors Science Hub
Tower 3, Blk 38 Campus Ave.
corner Turin St., McKinley Hill,
Fort Bonifacio, Taguig City
Metro Manila 1634

optum.com

CERTIFICATION OF CONTRIBUTION

This is to certify that **Optum Global Solutions (Philippines), Inc. Under UnitedHealth Group ("Company")**, located at 1st to 4th Floor Science Hub Tower 3, , Blk 38 Campus Ave. cor. Turin St.,McKinley Hill, Fort Bonifacio, Taguig City 1634 with Corporate HDMF Number 204798790002, had remitted the Premiums of KEITH HARVEY JERUSALEM GUMAHAD with HDMF No. 121251803913 and BIRTHDATE 04/14/2001 to PAG-IBIG fund as follows :

MONTH/YEAR	EMPLOYEE	EMPLOYER	TOTAL	SBR	DATE PAID
December 2023	100.00	100.00	200.00	240260493370501	01/25/2024
January 2024	100.00	100.00	200.00	240150620910501	02/14/2024
February 2024	200.00	200.00	400.00	240150835110501	03/14/2024
March 2024	200.00	200.00	400.00	240131024010501	04/12/2024
April 2024	200.00	200.00	400.00		
May 2024	200.00	200.00	400.00		

This Certification is being issued upon the request of the above employee for whatever purpose(s) it may serve him/her best.

Given on June 11, 2024 at 1st to 4th Floor Science Hub Tower 3, ,Blk 38 Campus Ave. cor. Turin St.,McKinley Hill, Fort Bonifacio, Taguig City 1634

SY, KAREN DIANNE YAO

Associate Director – Payroll/Ops

This is a system generated letter and hence does not require wet ink signature

Download Date: 11 June 2024 13:20:07



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Philippine Health Insurance Corporation



12-025827841-6

**GUMAHAD, KEITH HARVEY
JERUSALEM**

APRIL 14, 2001 - MALE

APAS CEBU CITY, CEBU - 6000



1 2 0 2 5 8 2 7 8 4 1 6

INFORMAL ECONOMY

This certifies that
Pinatunayan nito na si

KEITH HARVEY J. GUMAHAD

LRN : 119892060128


has satisfactorily completed the requirements for graduation in Senior High School
ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School


ACADEMIC TRACK - GAS STRAND

as prescribed for Secondary Schools of the Department of Education and is therefore awarded this
na itinatokda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong

DIPLOMA

Signed in the City of Cebu, Philippines, on the 5th day of April 2019.
Nilagdaan sa siyudad ng Sugbo, Pilipinas nitong ika-05 ng Abril 2019.


MALEEN GRAFIDO ORDIZ
SHS Principal


OPHELIA G. MAÑA
Vice-Chancellor for Business Development & Innovation
Campus Director

S.O. (A) No. 0691 s. 2019 dated July 11, 2019



OFFICE OF THE BARANGAY CAPTAIN

303-8231 / 3880-109-2234 / barangayapas@cebu.gov.ph

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:


This is to certify that GUMAILAD, REITH HARVEY J. is of legal age, Filipino, and is a bonafide resident of UPPER PANABANG (APAS) is personally known to me with Good Moral character and a law-abiding citizen in the community. He/she has **NO CRIMINAL RECORD/PENDING CASES** found in our Barangay Records.

This Clearance is being issued upon the request of the applicant for EMPLOYMENT

This certification is issued in accordance with the implementation of the provision of the **NEW LOCAL GOVERNMENT CODE** of 1991 and for whatever legal purpose it may serve best.

Signed this 14th day of JUNE, 2024 at Barangay Apas, Cebu City, Philippines.


Signature of Applicant


HON. VIRGIL A. CABIGON
Barangay Captain
Barangay Apas

Res. Cert. No.:
Date of Issue:
Place of Issue:

**THIS IS NOT VALID
WITHOUT DRY SEAL**

Barangay Apas, Cebu City, Philippines
Barangay Office: 303-8231 / 3880-109-2234 / barangayapas@cebu.gov.ph
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TCD201900138262



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE



TIN:

607-420-810-00000

Name:

GUMAHAD, KEITH HARVEY JERUSALEM

Address:

**UPPER PANABANG APAS 6000 CEBU CITY
(CAPITAL) CEBU PHILIPPINES**

Birth Date:

14-APR-2001

TIN Issuance Date:

06-APR-2022



Keith Jerusalem
SIGNATURE

CN: 081-2201642