



BIR Form No.  
**2316**

January 2018 (ENC-5)

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENC-5

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

1 For the Year (YYYY) **2022**

2 For the Period From (MM/DD) **07 13** To (MM/DD) **10 15**

**Part I - Employee Information**

3 TIN **702 999 296 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **GOMEZ, JOMAR ABANO** 5 RDO Code **0R1**

6 Registered Address \_\_\_\_\_ 6A Zip Code \_\_\_\_\_

6B Local Home Address \_\_\_\_\_ 6C Zip Code \_\_\_\_\_

6D Foreign Address \_\_\_\_\_ 6E Zip Code \_\_\_\_\_

7 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ 8 Telephone Number \_\_\_\_\_

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)		<b>41,426.97</b>
28 Holiday Pay (MWE)		<b>0.00</b>
29 Overtime Pay (MWE)		<b>0.00</b>
30 Night Shift Differential (MWE)		<b>0.00</b>
31 Hazard Pay (MWE)		<b>0.00</b>
32 13th Month Pay and Other Benefits (maximum of P90,000)		<b>3,863.64</b>
33 De Minimis Benefits		<b>9,272.73</b>
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)		<b>3,225.00</b>
35 Salaries & Other Forms of Compensation		<b>42,522.74</b>
<b>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</b>		<b>100,311.08</b>

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

12 Taxpayer **455 678 169 0000**

13 Employer's Name **SVCPH INC**

14 Registered Address **10F 11 BLDG. CEBU IT PARK APAS CEBU CITY** 14A Zip Code **6000**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

37 Basic Salary	<b>0.00</b>
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	<b>0.00</b>
42B	

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

16 TIN \_\_\_\_\_

17 Employer's Name \_\_\_\_\_

18 Registered Address \_\_\_\_\_ 18A Zip Code \_\_\_\_\_

**SUPPLEMENTARY**

43 Commission	
44 Profit Sharing	
45 Fees including Director's Fees	
46 Taxable 13th Month Pay Benefits	<b>0.00</b>
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
<b>50 Total Taxable Compensation Income (Sum of Items 37 and 49B)</b>	<b>0.00</b>

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	<b>100,311.08</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	<b>100,311.08</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	<b>0.00</b>
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>0.00</b>
24 Tax Due	<b>0.00</b>
25 Amount of Taxes Withheld	
25A Present Employer	<b>0.00</b>
25B Previous Employer	<b>0.00</b>
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>

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.

81 **RASELA RAMOS-LERIOS**  
Present Employer/ Authorized Agent Signature Over Printed Name Date Signed **12/01/2022**

CONFORME:  
82 **JOMAR ABANO GOMEZ**  
Employee Signature Over Printed Name Date Signed \_\_\_\_\_

CTC/Valid ID No. of Employee **SVG-2013** Piece 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. 1504C which has been filed with the Bureau of Internal Revenue.

83 **RASELA RAMOS-LERIOS**  
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 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. 1504-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.

84 **JOMAR ABANO GOMEZ**  
Employee Signature Over Printed Name

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



Manila Form No. 102  
(Revised) January 2007

Completed in quadruplicate using black ink

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province <b>CEBU</b>	Registry No. <b>2017 16818</b>
City/Municipality <b>CEBU CITY</b>	

<b>CHILD</b>	1 NAME (First) (Middle) (Last) <b>JANZARA TYAGAN LAVILLA GOMEZ</b>		
	2 SEX (Male / Female) <b>FEMALE</b>		
	3 DATE OF BIRTH (Day) (Month) (Year) <b>14 JUNE 2017</b>		
	4 PLACE OF BIRTH (Name of Hospital, Clinic, Institution/ House No. & Barangay) (City/Municipality) (Province) <b>PERPETUAL SUCCOUR HOSPITAL, GORDORO AVENUE, CEBU CITY, CEBU</b>		
5a TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <b>N.A.</b>	5c BIRTH ORDER (Order of the child as previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6 WEIGHT AT BIRTH <b>3600</b> grams

<b>MOTHER</b>	7 MAIDEN NAME (First) (Middle) (Last) <b>JEANETTE GREY LAVILLA</b>				
	8 CITIZENSHIP <b>FILIPINO</b>	9 RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>			
	10a Total number of children born alive <b>1</b>	10b No. of children still living including this birth <b>1</b>	10c No. of children born alive but are now dead <b>0</b>	11 OCCUPATION <b>COMMUNICATIONS ASSISTANT</b>	12 AGE at the time of the birth (completed years) <b>21</b>
	13 RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>22-123 FIDEL BAS ST., LOWER MOHON, TALISAY CITY, CEBU, PHILIPPINES</b>				

<b>FATHER</b>	14 NAME (First) (Middle) (Last) <b>JOMAR ABAÑO GOMEZ</b>			
	15 CITIZENSHIP <b>FILIPINO</b>	16 RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17 OCCUPATION <b>CUSTOMER SERVICE REP.</b>	18 AGE at the time of the birth (completed years) <b>24</b>
	19 RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>21-179 FELICITAS VILLAGE, LOOC, MANDAUE CITY, CEBU, PHILIPPINES</b>			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a DATE (Month) (Day) (Year) <b>NOT MARRIED</b>	20b PLACE (City / Municipality) (Province) (Country) <b>NOT MARRIED</b>
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21a ATTENDANT

1 Physician  2 Nurse  3 Midwife  4 Hebit (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)  
I hereby certify that I attended the birth of the child who was born alive at **9:20 PM** am/pm on the date of birth specified above

Signature \_\_\_\_\_ Address **C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU**

Name in Print **MARIA DOLORES PEREZ, M.D./RN/CPNP**

Title or Position **ATTENDING PHYSICIAN/OB RESIDENT** Date **June 16, 2017**

22 CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature \_\_\_\_\_

Name in Print **JEANETTE G. LAVILLA**

Relationship to the Child **MOTHER**

Address **LOWER MOHON, TALISAY CITY, CEBU**

Date **June 16, 2017**

23 PREPARED BY

Signature \_\_\_\_\_

Name in Print **DANILO C. AMIT**

Title or Position **MEDICAL/RECORD CLERK**

Date **June 16, 2017**

24 RECEIVED BY

Signature \_\_\_\_\_

Name in Print **LUZ N. CUGAY**

Title or Position **ADMINISTRATIVE AIDE III**

Date **30 JUN 2017**

25 REGISTERED BY THE CIVIL REGISTRAR

Signature \_\_\_\_\_

Name in Print **PHILIPP A. MEGABON**

Title or Position **REGISTRATION OFFICER IV**

Date **30 JUN 2017**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	11	13	15	16	17	19
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Documentary  
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*CSM*

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





**AFFIDAVIT OF KNOWLEDGMENT/ADMISSION OF PATERNITY**  
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, JOMAR A. GOMEZ and JEANETTE G. LAVILLA  
of legal age, am/are the natural mother and/or father of JAHZARA TEAGAN LAVILLA GOMEZ, who was  
born on 06/14/2017 at PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, CEBU CITY, CEBU  
I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  
acknowledging my/our child.

JOMAR A. GOMEZ  
(Signature Over Printed Name of Father)

JEANETTE G. LAVILLA  
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this JUN 27 2017 day of \_\_\_\_\_ by \_\_\_\_\_

JOMAR A. GOMEZ and JEANETTE G. LAVILLA exhibited to me (his/her)  
Community Tax Cert. No. PHIL#12-051535436-6 issued on \_\_\_\_\_ at \_\_\_\_\_  
CEBU CITY, CEBU

DUC. NO. 181  
PAGE NO. 57

ATY. OPHELIA S. BRAGAT  
Notary Public for Cebu City, Cebu City  
and Municipality of San Fernando  
Under RTC Cebu City's Jurisdiction  
Notarial Commission No. 104-15  
Until December 31, 2018  
BP No. 1253146/12-21-14-Cebu Province  
Roll of Notaries: 54455  
Tango Plaza Bldg., Queen's Road, Cebu City

PHILIPPINE STATISTICS AUTHORITY  
Name in Print

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**  
(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over)

I, \_\_\_\_\_, of legal age, single/married/divorced/widow/widower, with  
residence and postal address at \_\_\_\_\_

after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:
  - my birth in \_\_\_\_\_ on \_\_\_\_\_
  - the birth of \_\_\_\_\_ who was born in \_\_\_\_\_ on \_\_\_\_\_
- That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
- That I am/he/she is a citizen of \_\_\_\_\_
- That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is \_\_\_\_\_
- That the reason for the delay in registering my/his/her birth was \_\_\_\_\_
- (For the applicant only) That I am married to \_\_\_\_\_  
(If the applicant is other than the document owner) That I am the \_\_\_\_\_ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_, Philippines.

PHILIPP A. MEGABON  
REGISTRATION OFFICER IV

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
Philippines, affiant who exhibited to me his Community Tax Cert.

issued on \_\_\_\_\_ at \_\_\_\_\_

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

07864-37-999R12-03399-BI001

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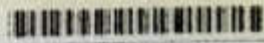
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BReN  
02217-B17ME0V-4

Documentary  
Stamp Tax Paid

*CDSM*

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





Republic of the Philippines  
**OFFICE OF THE BARANGAY CAPTAIN**  
Barangay Busay, Cebu City  
Tel No.: 232-3259 Cp. No.: 0915-042-1066/0913-063-0311



## BARANGAY CLEARANCE

### TO WHOM IT MAY CONCERN:


This is to certify that JOMAR A. GOMEZ,  
31 years old, Filipino, a bonafide resident of SITIO NIVEL HILLS  
Barangay Busay, Cebu City.

This is to certify further that **NO PENDING CRIMINAL** or **CIVIL CASES** filed against her as  
per available records in our office.

This Barangay Clearance is issued upon their request to support his/her application for  
EMPLOYMENT.

Done this 23rd day of AUGUST 2024 at Barangay Busay, Cebu City.

By the authority of

  
Hon. **NICANDRO B. CODERA**  
**BARANGAY COUNCILDR**  
**HON. ELIODORO A. SANCHEZ**  
**BARANGAY CAPTAIN**  
**BARANGAY BUSAY**

Not Valid Without  
Official Seal

JOMAR A. GOMEZ

EID: 4965

0383 BUSAY LODGING HOUSE  
NIVEL HILLS BUSAY CEBU CITY 6000

BUSAY  
LODGING  
HOUSE

CITY  
LIGHTS

MARCO  
POLO  
HOTEL

J.Y. SQUARE

I.T. PARK

TESDA

IPLOY  
9TH FLR  
ACCT

