



BIR Form No  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 09/21 ENCS

1 For the Year (YYYY) **2023**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

**Part I - Employee Information**

3 TIN **392 828 126 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **OMBOY, JENNY LANGOMEZ**

5 RDO Code **080**

6 Registered Address **PUROK 6 LANGIN RONDA CEBU**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **07 01 1995**

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
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)		130,637.16
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)		13,284.35
35 De Minimis Benefits		517.57
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		10,117.50
37 Salaries and Other Forms of Compensation		0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)		154,556.58

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

12 Taxpayer **475 406 786 0000**

13 Employer's Name **ST JOHN PAUL II COGNITION SCHOOL INC**

14 Registered Address **M SANCHEZ ST ALANG-ALANG MANDAUE CITY**

14A Zip Code **6014**

15 Type of Employer  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	0.00
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (Specify)	0.00
44A	
44B	

**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 (Sum of Items 38 and 52)	154,556.58
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	154,556.58
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer	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

**SUPPLEMENTARY**

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Pay Benefits	0.00
49 Hazard Pay	
50 Overtime Pay	
51 Others (Specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

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 **MA. FATIMA D. CAMILOTES**  
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

52 **JENNY LANGOMEZ OMBOY**  
Employee Signature Over Printed Name

CTC/Valid ID No. of Employee **06448336** Place of Issue **MANDAUE CITY**

Date Signed **0 2 2 0 2 4**

Date Signed

Date of Issue **0 1 1 6 2 0 2 4**

Amount Paid, if CTC **163.00**

**To be accomplished under substituted filing**

53 **MA. FATIMA D. CAMILOTES**  
Present Employer/ Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury, that the information herein stated as reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue 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.

54 **JENNY LANGOMEZ OMBOY**  
Employee Signature Over Printed Name