



BIR Form No.
2316
September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld



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

1 For the Year (YYYY) 2023 2 For the Period From (MMDD) 01 01 To (MMDD) 08 22

Part I - Employee Information

3 TIN 348-115-799-

4 Employee's Name & Last Name, First Name, Middle Name
PAYAO, JEHIEL D.

5 RDO Code 043

6 Registered Address _____ 6A ZIP Code _____

6B Local Home Address _____ 6C ZIP Code _____

6D Foreign Address _____

7 Date of Birth (MMDD/YYYY) 05301996 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

Item	Amount
29 Basic Salary (including the exempt P200.00 & below in 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)	11,381.47
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,452.50
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	23,833.97

Part II - Employer Information (Present)

12 TIN 008-639-494-000

13 Employer's Name
Omega Healthcare Management Services, Inc.

14 Registered Address
15F UNION BANK PLAZA MERALCO AVE ORTIGAS CENTER SAN ANTONIO PASIG CITY METRO MANILA

14A ZIP Code 1605

15 Type of Employer Man Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	148,653.86
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)	0.00
44A _____	0.00
44B _____	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)	0.00
51A _____	0.00
51B _____	0.00

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	172,487.83
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	23,833.97
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	148,653.86
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	148,653.86
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

52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	148,653.86
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I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by means, 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 SANTHOSH KESARI Present Employer/Authorized Agent Signature over Printed Name Date Signed 28022023

CONFORME: PAYAO, JEHIEL D. Date Signed _____

54 _____ Employee Signature over Printed Name Date Issued _____ Amount paid, if CTC _____

CTC/Valid ID No. of Employee 633895 Place of Issue _____

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1804-C which has been filed with the Bureau of Internal Revenue.

55 SANTHOSH KESARI 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. 1804-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 PAYAO, JEHIEL D. Employee Signature over Printed Name