

BIR Form No. **2316**
September 2021 (ENC-3)

Certificate of Compensation Payment/Tax Withheld
For Compensation Payment With or Without Tax Withheld



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

1 For the Year (YYYY) **2024** 2 For the Period From (MM/CC) **01 01** To (MM/CC) **12 31**

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

3 TIN **404 084 238 0000**
 4 Employee's Name (Last Name, First Name, Middle Name) **CLEOF, NICOLAS RODRIGUEZ** 5 RDO Code **066**
 6 Registered Address **SAMPALOC ST., MAY ANAO TIGAON, CAM. SUR** 6A Zip Code
 6B Local Home Address 6C Zip Code
 6D Foreign Address 6E Zip Code
 7 Date of Birth (MM/DD/YYYY) **12 06 1970** 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 II - Employer Information (Present)
 12 Taxpayer **004 194 148 0000**
 13 Employer's Name **PARTIDO DEVELOPMENT ADMINISTRATION**
 14 Registered Address **AMBAWAN CARAYCAYON TIGAON CAMARINES** 14A Zip Code **4420**
 15 Type of Employer Main Employer Secondary Employer

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 29 and 32)	169,380.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 30)	121,212.30
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 32)	48,167.70
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	48,167.70
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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

	Amount
29 Basic Salary (including the exempt P250,000 & bet 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)	75,433.60
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	21,778.70
37 Salaries and Other Forms of Compensation	24,000.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	121,212.30

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	48,167.70
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Food Housing Allowance	
44 Others (Specify)	
44A	0.00
44B	

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)	48,167.70

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 notice consent to the processing of my/our information as contemplated under the "Data Privacy Act" (RA No. 10173) for legitimate and lawful purposes.

51 **MARICEL C. FROYALDE**
Present Employer Authorized Agent Signature Over Printed Name
Date Signed **02 04 2025**

CONFORME:
52 **NICOLAS RODRIGUEZ CLEOF**
Employee Signature Over Printed Name
Date Signed **02 07 2025**

CTC/AM ID No. of Employee **E-18-18-02119** Place of Issue **TC40P**
Date of Issue **12 05 2023** 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. 1824-C which has been filed with the Bureau of Internal Revenue.

53 **MARICEL C. FROYALDE**
Present Employer Authorized Agent Signature Over Printed Name (read 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 exactly compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (as due equals tax withheld); that the BIR Form No. 1824-C filed by my employer to the BIR shall constitute as my income tax return, and the BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Section 230.1 (b) (2) of the Regulations under the National Internal Revenue Code No. 1173, as amended.

54 **NICOLAS RODRIGUEZ CLEOF**
Employee Signature Over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)
 Revised:
 Date: **2-7-25**