



For BIR BCS/
Use Only Item:



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**

September

For Compensation Payment With or Without Tax Withheld

2316 9/21 ENCS

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

1 For the Year (YYYY)	2024	2 For the Period From (MM/DD)	01/01	To (MM/DD)	12/31
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN	948-014-176	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount	
4 Employee's Name (Last Name, First Name, Middle Name)	LUCIANO, FLOREFEL TAOJO	5 RDO Code		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6 Registered Address	MANIKI, KAPALONG, DAVAO DEL NO	6A ZIP Code		30 Holiday Pay (MWE)	
6B Local Home Address		6C ZIP Code		31 Overtime Pay (MWE)	
6D Foreign Address				32 Night Shift Differential (MWE)	
7 Date of Birth (MM/DD/YYYY)	5/31/1980	8 Contact Number		33 Hazard Pay (MWE)	
9 Statutory Minimum Wage rate per day				34 13th Month Pay and Other Benefits (maximum of P90,000)	31,255.88
10 Statutory Minimum Wage rate per month				35 De Minimis Benefits	35,896.11
11 Minimum Wage Earner (MWE) whose compensation is exempt withholding tax and not subject to income tax				36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	14,983.67
Part II - Employer Information (Present)				37 Salaries and Other Forms of Compensation	0.00
12 TIN	000-428-573-00003			38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	82,135.66
13 Employer's Name	DOLE PHILIPPINES, INC.			B. TAXABLE COMPENSATION INCOME REGULAR	
14 Registered Address	DOÑA SOCORRO ST. BELISARIO HGTS., DAVAO CITY, DAVAO del SUR, PHILIPPINES	14A ZIP Code	8000	39 Basic Salary	158,946.99
15 Type of Employer	<input checked="" type="checkbox"/> Main Employment <input type="checkbox"/> Secondary Employment			40 Representation	
Part III - Employer Information (Previous)				41 Transportation	
16 TIN				42 Cost of Living Allowance (COLA)	0.00
17 Employer's Name				43 Fixed Housing Allowance	
18 Registered Address		18A ZIP Code		44 Others (specify)	
Part IVA - Summary				44A TAXABLE INCOME	5,690.19
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	246,772.84			44B	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	82,135.66			SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 38)	164,637.18			45 Commission	
22 Add: Taxable Compensation Income from Previous Employer, if applicable				46 Profit Sharing	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	164,637.18			47 Fees Including Director's Fees	
24 Tax Due	0.00			48 Taxable 13th Month Benefits	
25 Amount of Taxes Withheld				49 Hazard Pay	
25A Present Employer	0.00			50 Overtime Pay	
25B Previous Employer, if applicable				51 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted	0.00			51A	
27 5% Tax Credit (PERA Act of 2008)				51B	
28 Total Taxes Withheld (Sum of Items 26 and 27)	0.00			52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	164,637.18

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 in accordance with 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 data as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

53 <u>CEZEIL B. ALAGANO</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	1/31/2025
54 <u>FLOREFEL TAOJO, LUCIANO</u> Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee	Place of Issue	Date Issued
		Amount paid, if CTC

To be accomplished under substituted filing