Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BCS/
Item:

BIR Form No.
2316
September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

3 TIN: 189 176 168 00000

4 Employee's Name (Last Name, First Name, Middle Name): SALCEDA, GLENN DEMADURA

5 RDO Code: 067

6 Registered Address: Purok 6, Bogtong, Legazpi City

6A ZIP Code: 4500

6B Local Home Address:

6C ZIP Code:

6D Foreign Address:

7 Date of Birth (MM/DD/YYYY): 11/17/1970

8 Contact Number: 0997 312 4823

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 II - Employer Information (Present)

12 TIN: 000-617-913-00000

13 Employer's Name: ALBAY ELECTRIC COOPERATIVE, INC.

14 Registered Address: W. VINZON ST. LEGAZPI CITY

14A ZIP Code: 4500

15 Type of Employer: [X] Main Employer [ ] Secondary Employer

Part III - Employer Information (Previous)

16 TIN:

17 Employer's Name:

18 Registered Address:

18A ZIP Code:

Part IV-B Details of Compensation Income & 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	
30 Holiday Pay (MWE)	
31 Overtime Pay (MWE)	
32 Night Shift Differential (MWE)	
33 Hazard Pay (MWE)	
34 13th Month Pay and Other Benefits (maximum of P90,000)	63,837.60
35 De Minimis Benefits	58,800.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	23,126.88
37 Salaries and Other Forms of Compensation	-
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	135,764.48
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	229,114.99
40 Representation	-
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify) 44A / 44B	
SUPPLEMENTARY	
45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Benefits	
49 Hazard Pay	
50 Overtime Pay	88,657.72
51 Others (specify) 51A / 51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	317,772.71

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	453,537.19
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	135,764.48
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	317,772.71
22 Add: Taxable Compensation Income from Previous Employer, if applicable	-
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	317,772.71
24 Tax Due	10,165.91
25 Amount of Taxes Withheld	
25A Present Employer	-
25B Previous Employer, if applicable	-
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	-
27 5% Tax Credit (PERA Act of 2008)	
28 Total Taxes Withheld (Sum of Items 26 and 27)	-

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, 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 BELINDA L. PEMPEÑA
Present Employer/Authorized Agent Signature over Printed Name — Date Signed

CERTIFIED TRUE COPY
BY: Neren S. Nuñez
DATE: 9/16/22

CONFORME:
54 GLENN D. SALCEDA
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

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

55 BELINDA L. PEMPEÑA
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. 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.

56 GLENN D. SALCEDA
Employee Signature over Printed Name

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

For BIR | BCS/

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

1 For the Year (YYYY): 2025

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

Part I - Employee Information

3 TIN: 112 038 579 0000

4 Employee's Name (Last Name, First Name, Middle Name): SALCEDA, CARLOTA CABAWATAN

5 RDO Code: 067

6 Registered Address: POLANGUI ALBAY 4506

6A Zip Code:

6B Local Home Address:

6C Zip Code:

6D Foreign Address:

6E Zip Code:

7 Date of Birth (MM/DD/YYYY): 10 31 1972

8 Telephone Number:

9 Statutory Minimum Wage rate per day: 810.99

10 Statutory Minimum Wage rate per month: 17,841.78

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

Part II - Employer Information (Present)

12 Taxpayer: 000 631 979 0000

13 Employer's Name: MUNICIPALITY OF POLANGUI

14 Registered Address: CENTRO OCCIDENTAL POLANGUI ALBAY

14A Zip Code: 4506

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 38 and 52)*	547,431.91
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	304,101.01
21	Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	243,330.90
22	Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23	Gross Taxable Compensation Income *(Sum of Items 21 and 22)*	243,330.90
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

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 & be or the Statutory Minimum Wage of the MWE	185,197.37
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)*	90,000.00
35	De Minimis Benefits	0.00
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	28,903.64
37	Salaries and Other Forms of Compensation	0.00
38	Total Non-Taxable/Exempt Compensation Income *(Sum of Items 29 to 37)*	304,101.01

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)*	
44A		185,197.37
44B		

SUPPLEMENTARY

45	Commission	
46	Profit Sharing	
47	Fees Including Director's Fees	
48	Taxable 13th Month Pay Benefits	58,133.53
49	Hazard Pay	
50	Overtime Pay	
51	Others *(Specify)*	
51A		
51B		
52	Total Taxable Compensation Income *(Sum of Items 39 to 51B)*	243,330.90

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 LUZ S. REFRAN
Present Employer/ Authorized Agent Signature Over Printed Name — Date Signed

CONFORME:

52 CARLOTA CABAWATAN SALCEDA
Employee Signature Over Printed Name — Date Signed

CTC/Valid ID No. of Employee — Place 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. 1604C which has been filed with the Bureau of Internal Revenue.

53 LUZ S. REFRAN
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. 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 CARLOTA CABAWATAN SALCEDA
Employee Signature Over Printed Name

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