



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



42291751

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO <b>Z210GW0R10-LG1876024</b>	VALID UNTIL <b>August 22, 2025</b>
FAMILY NAME <b>ZASPA</b>	FIRST NAME <b>WILFRED FAMADOR</b>
MIDDLE NAME <b>TUIBEO</b>	HUSBAND'S SURNAME
ADDRESS <b>BRGY BALUD SAN FERNANDO CEBU</b>	
DATE OF BIRTH <b>July 26, 2001</b>	PLACE OF BIRTH <b>MUNTINLUPA CITY</b>
CITIZENSHIP <b>FILIPINO</b>	CIVIL STATUS <b>SINGLE</b>
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>	
REMARKS <b>NO RECORD ON FILE</b>	



SIGNATURE  
*W. Famador*



Z210GW0R10-LG1876024

*[Signature]*  
JUDGE JAIME B. SANTIAGO (RET.)  
Director

Date Printed: Thursday, 22 August 2024 02:29 pm  
Agency LG      DATE omambac  
CASID omambac      BIOID omambac  
O R No 90X7EMYH      RECID  
O R Date 08/22/2024 2:01:57 pm      INTID  
DST PAID      PRTH omambac



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**PERSONAL COPY**



For BIR BCS/  
Use Only Item:

BIR Form No. <b>2316</b> September 2021 (ENCS)	<b>Certificate of Compensation Payment/Tax Withheld</b> For Compensation Payment With or Without Tax Withheld	 2316 09/21ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<b>1</b> For the Year (YYYY) <input style="width:100%;" type="text" value="2024"/>	<b>2</b> For the Period From (MM/DD) <input style="width:150px;" type="text" value="0101"/> To (MM/DD) <input style="width:150px;" type="text" value="0301"/>
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<b>Part I - Employee Information</b> <b>3</b> TIN <input style="width:100%;" type="text" value="606-948-932-"/>	<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>																						
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <input style="width:100%;" type="text" value="ZASPA, WILFRED FAMADOR TUIBEO"/> <b>5</b> RDO Code <input style="width:100%;" type="text" value="126"/>	<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>																						
<b>6</b> Registered Address <input style="width:100%;" type="text" value="Purok Aplaya RVT Subdivision Brgy. San M"/> <b>6A</b> ZIP Code <input style="width:100%;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td><b>29</b> Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE)</td> <td style="text-align: right;">34,148.39</td> </tr> <tr> <td><b>30</b> Holiday Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>31</b> Overtime Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>32</b> Night Shift Differential (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>33</b> Hazard Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right;">1,934.87</td> </tr> <tr> <td><b>35</b> De Minimis Benefits</td> <td style="text-align: right;">6,919.54</td> </tr> <tr> <td><b>36</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">2,420.00</td> </tr> <tr> <td><b>37</b> Salaries &amp; Other Forms of Compensation</td> <td style="text-align: right;">2,813.70</td> </tr> <tr> <td><b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td> <td style="text-align: right;">48,236.50</td> </tr> </tbody> </table>		Amount	<b>29</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	34,148.39	<b>30</b> Holiday Pay (MWE)	0.00	<b>31</b> Overtime Pay (MWE)	0.00	<b>32</b> Night Shift Differential (MWE)	0.00	<b>33</b> Hazard Pay (MWE)	0.00	<b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000)	1,934.87	<b>35</b> De Minimis Benefits	6,919.54	<b>36</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	2,420.00	<b>37</b> Salaries & Other Forms of Compensation	2,813.70	<b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	48,236.50
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<b>6B</b> Local Home Address <input style="width:100%;" type="text"/> <b>6C</b> ZIP Code <input style="width:100%;" type="text"/>	<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>																						
<b>6D</b> Foreign Address <input style="width:100%;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>39</b> Basic Salary</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>40</b> Representation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>41</b> Transportation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>42</b> Cost of Living Allowance (COLA)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>43</b> Fixed Housing Allowance</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>44</b> Others (specify)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>44A</b> <input style="width:100%;" type="text"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>44B</b> <input style="width:100%;" type="text"/></td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	<b>39</b> Basic Salary	0.00	<b>40</b> Representation	0.00	<b>41</b> Transportation	0.00	<b>42</b> Cost of Living Allowance (COLA)	0.00	<b>43</b> Fixed Housing Allowance	0.00	<b>44</b> Others (specify)	0.00	<b>44A</b> <input style="width:100%;" type="text"/>	0.00	<b>44B</b> <input style="width:100%;" type="text"/>	0.00						
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<b>7</b> Date of Birth (MM/DD/YYYY) <input style="width:100%;" type="text" value="07/26/2001"/> <b>8</b> Contact Number <input style="width:100%;" type="text"/>	<b>SUPPLEMENTARY</b>																						
<b>9</b> Statutory Minimum Wage rate per day <input style="width:100%;" type="text" value="0.00"/> <b>10</b> Statutory Minimum Wage rate per month <input style="width:100%;" type="text" value="0.00"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>45</b> Commission</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>46</b> Profit Sharing</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>47</b> Fees Including Director's Fees</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>48</b> Taxable 13th Month Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>49</b> Hazard Pay</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>50</b> Overtime Pav</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>51</b> Others (Specify)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>51A</b> <input style="width:100%;" type="text"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>51B</b> <input style="width:100%;" type="text"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B)</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	<b>45</b> Commission	0.00	<b>46</b> Profit Sharing	0.00	<b>47</b> Fees Including Director's Fees	0.00	<b>48</b> Taxable 13th Month Benefits	0.00	<b>49</b> Hazard Pay	0.00	<b>50</b> Overtime Pav	0.00	<b>51</b> Others (Specify)	0.00	<b>51A</b> <input style="width:100%;" type="text"/>	0.00	<b>51B</b> <input style="width:100%;" type="text"/>	0.00	<b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00		
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<b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax																							

<b>Part II - Employer Information (Present)</b> <b>12</b> TIN <input style="width:100%;" type="text" value="208-780-708-000"/>	<b>13</b> Employer's Name <input style="width:100%;" type="text" value="FOUNDEVER"/>
<b>14</b> Registered Address <input style="width:100%;" type="text" value="G/F ONE JULIA VARGAS BLDG ORTIGAS HOME D"/> <b>14A</b> ZIP Code <input style="width:100%;" type="text" value="1604"/>	<b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer

<b>Part III - Employer Information (Previous)</b> <b>16</b> TIN <input style="width:100%;" type="text"/>	<b>17</b> Employer's Name <input style="width:100%;" type="text"/>
<b>18</b> Registered Address <input style="width:100%;" type="text"/> <b>18A</b> ZIP Code <input style="width:100%;" type="text"/>	

<b>Part IVA - Summary</b> <b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <input style="width:100%;" type="text" value="48,236.50"/> <b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38) <input style="width:100%;" type="text" value="48,236.50"/> <b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <input style="width:100%;" type="text" value="0.00"/> <b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <input style="width:100%;" type="text" value="0.00"/> <b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <input style="width:100%;" type="text" value="0.00"/> <b>24</b> Tax Due <input style="width:100%;" type="text" value="0.00"/> <b>25</b> Amount of Taxes Withheld <b>25A</b> Present Employer <input style="width:100%;" type="text" value="0.00"/> <b>25B</b> Previous Employer, if applicable <input style="width:100%;" type="text" value="0.00"/> <b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input style="width:100%;" type="text" value="0.00"/> <b>27</b> 5% Tax Credit (PERA Act of 2008) <input style="width:100%;" type="text" value="0.00"/> <b>28</b> Total Taxes Withheld (Sum of Items 26 and 27) <input style="width:100%;" type="text" value="0.00"/>	<b>45</b> Commission <input style="width:100%;" type="text" value="0.00"/> <b>46</b> Profit Sharing <input style="width:100%;" type="text" value="0.00"/> <b>47</b> Fees Including Director's Fees <input style="width:100%;" type="text" value="0.00"/> <b>48</b> Taxable 13th Month Benefits <input style="width:100%;" type="text" value="0.00"/> <b>49</b> Hazard Pay <input style="width:100%;" type="text" value="0.00"/> <b>50</b> Overtime Pav <input style="width:100%;" type="text" value="0.00"/> <b>51</b> Others (Specify) <input style="width:100%;" type="text" value="0.00"/> <b>51A</b> <input style="width:100%;" type="text" value="0.00"/> <b>51B</b> <input style="width:100%;" type="text" value="0.00"/> <b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B) <input style="width:100%;" type="text" value="0.00"/>
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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.

<b>53</b> Present Employer/ Authorized Agent Signature Over Printed Name <b>CONFORME:</b> <input style="width:100%;" type="text" value="ZASPA, WILFRED FAMA DOR TUIBEO"/> <b>54</b> <input style="width:100%;" type="text"/> Employee Signature Over Printed Name CTC/Valid ID No. of Employee <input style="width:100%;" type="text"/> Place of Issue <input style="width:100%;" type="text"/>	Date Signed <input style="width:100%;" type="text"/> Date Signed <input style="width:100%;" type="text"/> Date Signed <input style="width:100%;" type="text"/> Amount Paid, if CTC <input style="width:100%;" type="text"/>
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<b>To be accomplished under substituted filing</b> 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. <b>55</b> 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 of BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. <b>56</b> <input style="width:100%;" type="text"/> Employee Signature Over Printed Name
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\* NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)