

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



Employee Signature over Printed Name

January 2018 (ENCS)	2 0 1 9 For Cor	npensation Payment V	Vith or Witho	out Tax Withheld	0 1 0 1	₀23	46,01,18ENCS
	Mark all appropriate boxes with an '	'X".	2 5	Davie d			
1 For the Year (YYYY)	1 7 9 5 8 1 5	7 0	2 For the	MM/DD)	To (MM/DD)	
(YYYY)					sation Income & Tax V		sent Employer
3 TIN GARCES, JOCEL	YN SERIO - -	A. NON-TAX	ABLE/EXEMPT COMP	ENSATION INCOME	Amo	0.00	
GARCEŞ, JOCELYN ŞERIO - - - - - 0 5 1 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code				27 Basic Salary (including the exempt P250,000 & below)			0.00
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, 1, 6, 3				or the Statutory Minimum Wage of the MWE			
6 Registered Address 6A ZIP Code			28 Holiday	28 Holiday Pay (MWE)			0.00
o Registered Address							0.00
6B Local Home Address 6C ZIP Code			29 Overtime Pay (MWE)				0.00
ob Local Home Address oc Zir Code			30 Night Shift Differential (MWE)				0.00
6D Eoreign Address			•				0.00
6D Foreign Addingss 1 9 7 3			31 Hazard Pay (MWE)				
			32 13th Month Pay and Other Benefits			90,0	00.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number			(maximum of P90,000)				77.70
			33 De Minimis Benefits			25,7	75.72
9 Statutory Minimum Wage rate per day				34 SSS, GSIS, PHIC & PAG-IBIG Contributions			
10 Statutory Minimum Wage rate per month			and Union Dues (Employee share only)			12,5	74.86
Minimum Mana Famour (MMF) base a service a la service de la service				35 Salaries and Other Forms of Compensation			
withholding tax and not subject to income tax				36 Total Non-Taxable/Exempt Compensation			0.00
Part II - Employer Information (Present)				Income (Sum of Items 27 to 35)			0.00
12 TIN				B. TAXABLE COMPENSATION INCOME REGULAR			350.58
13 Employer's Name			37 Basic Salary			120,0	
			or Buoio c	Januar y			
14 Registered Address 0 0 3 9 4 3 2 1 3 14A ZIP Gode			38 Representation				
			39 Transp	ortation		297,9	59.45
15 TypeAbFahayarHoldings யிழிவு Secondary Employer			oo manop	or tation i			0.00
Part III - Employer Information (Previous)			40 Cost of Living Allowance (COLA)				0.00
16 TIN 770 E. Rodriguez Ext., Mailbay, Pasay City 1 3 0 0			41 Fixed Housing Allowance				0.00
17 Employer's Name			42 Others (specify)			3.8	376.27
17 Employer's Name			42A			5,5	
18 Registered Address 18A ZIP Code							0.00
16 Registered Address 16A ZIP Code			42B	na Allawanaa		27.6	SE 4.00
Part IVA - Summary			SUPPLEM ANDWANCE			37,0	554.96
19 Gross Compensation Income from Present			43 cSamiseanAllowance				0.00
Employer (Sum of Items 36	6 and 50)		44 Profit S	Sharing			
	Less: Total Non-Taxable/Exempt Compensation ncome from Present Employer (From Item 36) 535,323.66			3			0.00
And the second s	Taxable Compensation Income from Present 128,350.58			45 Fees Including Director's Fees			0.00
Employer (Item 19 Less Item 20) (From Item 50)			46 Taxable 13th Month Benefits				0.00
•	2 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00						0.00
	Gross Taxable Compensation Income 406,973.08			47 Hazard Pay			146.00
(Sum of Items 21 and 22)			48 Overtime Pay			2,0	946.00
0.00 4 Tax Due						0.00	
25 Amount of Taxes Withhe	5 Amount of Taxes Withheld		49 Others (specify)				,
25A Present Employer		406,973.08	49A			65,4	136.40
25B Previous Employer,	if applicable	31,743.27	49B				
26 Total Amount of Taxes V		44,013.08	50 Total T	axable Compensation	on Income		0.00
(Sum of Items 25A and 25B))	,	(Sum of	Items 37 to 49B)			0.00
I/We declare, under the per the provisions of the National I	nalties of perjury that this certificate has Internal Revenue Code, as amended, a	been made in good faith, nd the regulations issued	verified by me	lus, and to the best of y thereof. Further, I/we	my/our knowledge and give my/our consent to	belief, is true and c	correct, pursuant to
as contemplated under the *Da	Internal Revenue Code, as amended, a ata Privacy Act of 2012 (R.A. No. 10173) for legitim 4440 a offul	purposes.			400,9	773.00
51	ANTONIO CABIJE			Date Signed	9 9		
	er/Authorized Agent Signature over	Printed Name		Date Signed			
CONFORME: GARCES, JOCELYN SERIO							
52	alayea Simatura ayan 50-1-111			Date Signed	تلتلتا		
CTC/Valid ID No.	oloyee Signature over Printed Nam Place o	Y6-		<u> </u>		^	Amount paid, if CTC
of Employee	Issue			Date Signed	<u>تــلــــــــــــــــــــــــــــــــــ</u>		
declare linder the near		o be accomplished u			porture that I are successful.	der eubetäste d Et	Income Toy Det
	alties of perjury that the information has no 1604-C which has been filed with	(BIR Form No	o. 1700), since I received pu	perjury that I am qualified und urely compensation income fr	rom only one employer	in the Philippines	
				No. 1604-C filed by myren	en correctly withheld by my o peloyer to the BAR stall report	titute as my income tax	return; and that BIR
53		16 shall serve the same pur Regulations (RR) No. 3-2002	pose as if BIR Form No. 170 2, as amended.	0 has been filed pursua	ant to the provisions		
Present Employ (Head of Accounti		54	100				
(aa or / 1000dilla		-r /					