

BIR Form No.

Certificate of Compensation Payment/Tax Withheld

Employee Signature over Printed Name

January 2018 (ENCS) For Compensation Payment V	Vith or Without Tax Withheld	2316 01/18ENCS
Fill in all applicable spaces. Mark all appropriate boxes with an "X". 1 For the Year	2 For the Period	
(YYYY) 2 0 1 9		1M/DD) 0 0 0 0
Part I - Æmployee Information 5 7 0	Part IV-B Details of Compensation Income & Tax Wi	Control of the Contro
3 TIN GARCES, JOCELYN SERIO - - 0 5 1	A. NON-TAXABLE/EXEMPT COMPENSATION IN COME	Amount 0.00
GARDEG, JOCHETT GERIO	27 Basic Salary (including the exempt P250,000 & below)	0.00
	or the Statutory Minimum Wage of the MWE	
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, 1 6 3	201 751	0.00
6 Registered Address 6A ZIP Code	28 Holiday Pay (MWE)	
	29 Overtime Pay (MWE)	0.00
6B Local Home Address 6C ZIP Code		0.00
	30 Night Shift Differential (MWE)	0.00
6D Foreign Address 1 9 7 3		0.00
1 9 / 3	31 Hazard Pay (MWE)	
	32 13th Month Pay and Other Benefits	90,000.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	(maximum of P90,000)	
	33 De Minimis Benefits	25,775.72
9 Statutory Minimum Wage rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions	
40 Ct-1-1 Mi-i W	and Union Dues (Employee share only)	12,574.86
10 Statutory Minimum Wage rate per month	35 Salaries and Other Forms of Compensation	
Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	36 Total Non-Taxable/Exempt Compensation	
Part II - Employer Information (Present)	Income (Sum of Items 27 to 35)	0.00
12 TIN	B. TAXABLE COMPENSATION INCOME REGULAR	
43 Francisco Norma	LIGHTION HOUSE REGULAR	128,350.58
13 Employer's Name	37 Basic Salary	
14 Registered Address 0 0 3 9 4 3 2 1 3 14A 7 6 6 6 6	38 Representation	
	39 Transportation	297,959.45
15 TypeAbFanhamarHoldingsள் யிடுloyer Secondary Employer		0.00
Part III - Employer Information (Previous)	40 Cost of Living Allowance (COLA)	0.00
16 TIN 770 E. Rodriguez Ext., Maiibay, Pasay City 1 3 0 0	AA Fived Haveing Allevance	0.00
	41 Fixed Housing Allowance	2 076 07
17 Employer's Name	42 Others (specify)	3,876.27
	42A	0.00
18 Registered Address 18A ZIP Code	42B	
	Tempo Allowance	37,654.96
Part IVA - Summary	43 CSARVISA Allowance	0.00
19 Gross Compensation Income from Present	43 COMMINSSIPLY WOWALLOC	0.00
Employer (Sum of Items 36 and 50)	44 Profit Sharing	0.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 535,323.66	AND	0.00
21 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) 406.973.08	46 Taxable 13th Month Benefits	
22 Add: Taxable Compensation Income from	40 Taxable Total Month Deficits	0.00
Previous Employer, if applicable 0.00	47 Hazard Pay	
23 Gross Taxable Compensation Income 406,973.08 (Sum of Items 21 and 22)		2,046.00
0.00	48 Overtime Pay	
24 Tax Due 0.00	49 Others (specify)	0.00
25 Amount of Taxes Withheld 406 973 08	49A	65,436.40
25A Present Employer 31,743.27		00,700.70
25B Previous Employer, if applicable 31,743.27	49B	
26 Total Amount of Taxes Withheld as adjusted 44,013.08	50 Total Taxable Compensation Income	0.00
(Sum of Items 25A and 25B)	(Sum of Items 37 to 49B)	0.00
I/We declare, under the penalties of perjury that this certificate has been made in good faith, the provisions of the National Internal Revenue Code, as amended, and the regulations issued as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitim at a Noval Privacy Act of 2012 (R.A.	verified by me/us, and to the best of my/our knowledge and b under authority thereof. Further, I/we give my/our consent to t	helief, is true and correct, pursuant to he processing of my found in formation
as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitiml র্বাঃ এমিএ পি টা	purposes.	+00,57 5.00
51 MA RITA CARMEN	Date Signed	
51 MA RITA CARMEN Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME: GARCES, JOCELYN SERIO		
52	Date Signed	î î
Employee Signature over Printed Name		Amount paid, if CTC
CTC/Valid ID No. Place of	Date Signed	
of Employee Issue To be accomplished u	ander 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	I declare, under the penalties of perjury that I am qualified under	
reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.	(BIR Form No. 1700), since I received purely compensation income fro for the calendar year; that taxes have been correctly withheld by my en	m only one employer in the Philippines
	the BIR Form No. 1604-C filed by may employer to the BIR shall poposition	ute as my income tax return; and that BIR
53	Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 of Revenue Regulations (RR) No. 3-2002, as amended.	nas been filed pursuant to the provisions

Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)