



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation  
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) 2   0   1   9		2 For the Period From (MM/DD) 0   1   0   1 To (MM/DD) 0   0   0   0	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 1   7   9   -   5   8   1   -   5   7   0   -		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) GARCES, JOCELYN SERIO		5 RDO Code 0   5   1	
6 Registered Address BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		6A ZIP Code 1   6   3   3	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
7 Date of Birth (MM/DD/YYYY) 0   6   3   0   1   9   7   3		28 Holiday Pay (MWE) 0.00	
8 Contact Number		29 Overtime Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day		30 Night Shift Differential (MWE) 0.00	
10 Statutory Minimum Wage rate per month 0.00		31 Hazard Pay (MWE) 0.00	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
Part II - Employer Information (Present)		33 De Minimis Benefits 25,775.72	
12 TIN 0   0   3   -   9   4   3   -   2   1   3   -   0   0   0		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86	
13 Employer's Name Abraham Holdings, Inc.		35 Salaries and Other Forms of Compensation 0.00	
14 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 128,350.58	
14A ZIP Code 1   3   0   0		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Basic Salary 0.00	
Part III - Employer Information (Previous)		38 Representation 0.00	
16 TIN		39 Transportation 3,876.27	
17 Employer's Name		40 Cost of Living Allowance (COLA) 0.00	
18 Registered Address		41 Fixed Housing Allowance 0.00	
18A ZIP Code		42 Temp Allowance 37,654.96	
Part IVA - Summary		42A	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 535,323.66		42B	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 128,350.58		SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 406,973.08		43 Service Allowance 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		44 Profit Sharing 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08		45 Fees Including Director's Fees 0.00	
24 Tax Due 31,743.27		46 Taxable 13th Month Benefits 0.00	
25 Amount of Taxes Withheld		47 Hazard Pay 2,046.00	
25A Present Employer 44,013.08		48 Overtime Pay	
25B Previous Employer, if applicable 0.00		49 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) -12,269.81		49A 65,436.40	
		49B	
		50 Total Taxable Compensation Income (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, 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 personal data as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 MA RITA CARMEN Present Employer/Authorized Agent Signature over Printed Name	Date Signed
CONFORME: GARCES, JOCELYN SERIO	
52 Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Place of Issue
	Date Signed
	Amount paid, if CTC

To be accomplished under substituted filing

53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 Employee Signature over Printed Name
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