



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 GARCES, JOCELYN SERIO - - - - - 0   5   1		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount 0.00	
4 Employee's Name (Last Name, First Name, Middle Name) BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG 5 RDO Code 1   6   3   3		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
6 Registered Address 6A ZIP Code		28 Holiday Pay (MWE) 0.00	
6B Local Home Address 6C ZIP Code		29 Overtime Pay (MWE) 0.00	
6D Foreign Address 0   6   3   0   1   9   7   3		30 Night Shift Differential (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number		31 Hazard Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day		32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
10 Statutory Minimum Wage rate per month		33 De Minimis Benefits 25,775.72	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86	
Part II - Employer Information (Present)		35 Salaries and Other Forms of Compensation	
12 TIN - - - - - 0.00		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 0.00	
13 Employer's Name		B. TAXABLE COMPENSATION INCOME REGULAR 128,350.58	
14 Registered Address 0   0   3   9   4   3   2   1   3 14A ZIP Code 0   0   0		37 Basic Salary	
15 Type of Employer <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer		38 Representation	
Part III - Employer Information (Previous)		39 Transportation 297,959.45	
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City - - - - - 1   3   0   0		40 Cost of Living Allowance (COLA) 0.00	
17 Employer's Name		41 Fixed Housing Allowance 0.00	
18 Registered Address 18A ZIP Code		42 Others (specify) 3,876.27	
Part IVA - Summary		42A 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		42B 37,654.96	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 535,323.66		43 Service Allowance 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 128,350.58		44 Profit Sharing 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		45 Fees Including Director's Fees 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08		46 Taxable 13th Month Benefits 0.00	
24 Tax Due 0.00		47 Hazard Pay 2,046.00	
25 Amount of Taxes Withheld		48 Overtime Pay	
25A Present Employer 406,973.08		49 Others (specify) 0.00	
25B Previous Employer, if applicable 31,743.27		49A 65,436.40	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 44,013.08		49B 0.00	
		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 information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate business 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		Date Signed	
Place 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. 1604-C which has been filed with the Bureau of Internal Revenue.		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 on the BIR shall serve 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.	
53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		54 Employee Signature over Printed Name	