

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld

	ition Payment W	ith or Without Tax With	iriciu			2010	01/18ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X". 1 For the Year		2 For the Period	8					
(YYYY) 2 0 1 9		From (MM/DD)		1	To (MM/D			
Part I - Employee Information 3 TIN		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer						
1 7 9 - 5 8 1 - 5 7 0 -		A. NON-TAXABLE/EXEMP	PT COMPENSA	TION INCOM	ME	Amoun	t	
4 Employee's Name (Last Name, First Name, Middle Name) 5	RDO Code	27 Basic Salary (including			low)		0.00	
GARCES, JOCELYN SERIO	0 5 1	or the Statutory Minimu	1750 	MWE	늗		0.00	
6 Registered Address 6	A ZIP Code	28 Holiday Pay (MWE	E)				0.00	
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG 1 6 3 3		29 Overtime Pay (MWE)					0.00	
6B Local Home Address 6C ZIP Code		20 Alight Chia Differential (AMA/E)					0.00	
		30 Night Shift Differential (MWE)				0.00		
6D Foreign Address		31 Hazard Pay (MWE)				0.00		
		32 13th Month Pay and Other Benefits				0.00		
7 Date of Birth (MM/DD/YYYY) 8 Contact Number		(maximum of P90,000)			_	90,000.00		
0 6 3 0 1 9 7 3		33 De Minimis Benefits					25,775.72	
9 Statutory Minimum Wage rate per day		34 SSS, GSIS, PHIC			ons			
10 Statutory Minimum Wage rate per month	0.00	and Union Dues (E		.7.0	_		12,574.86	
Minimum Wage Earner (MWE) whose compensation is exem	35 Salaries and Other Forms of Compensation				0.00			
withholding tax and not subject to income tax Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Compensation			1	128,350.58		
12 TIN		Income (Sum of Items 27 to 35) B. TAXABLE COMPENSATION INCOME REGULAR						
0 0 3 - 9 4 3 - 2 1 3 - 0 0 0		2. MANDLE COM LIGA		JULIN		2	97,959.45	
Abraham Holdings, Inc.		37 Basic Salary			L		0.00	
	4A ZIP Code	38 Representation					0.00	
SH CANADATAN AMERICAN AND AND AND AND AND AND AND AND AND A	1 3 0 0	39 Transportation						
45. Type of Employee	Maria - 100	39 Transportation			<u> </u>		3,876.27	
Part III - Employer Information (Previous)		40 Cost of Living Allov	wance (COLA	۸)			0.00	
16 TIN Part III - Employer information (Previous)		41 Firethlousian own	wance				37,654.96	
	47 Employer's Name						37,034.90	
17 Employer's Name		Contract Contract	arice		2			
17 Employer's Name		42 Others (specify)	ance					
	BA ZIP Code	42 Others (specify) 42A	ance					
	8A ZIP Code	42 Others (specify) 42A 42B						
	8A ZIP Code	42 Others (specify) 42A 42B SUPPLEMENTAR	Y					
18 Registered Address 18 Part IVA - Summary 19 Gross Compensation Income from Present		42 Others (specify) 42A 42B	Y				0.00	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	8A ZIP Code 535,323.66	42 Others (specify) 42A 42B SUPPLEMENTAR	Y				0.00	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation		42 Others (specify) 42A 42B SUPPLEMENTAR 43 CONTINUENTAR 44 Profit Sharing	Y vance					
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present	535,323.66	42 Others (specify) 42A 42B SUPPLEMENTAR 43 CORRIVIGERALION	Y vance				0.00	
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reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

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

Toectare, under the penalties of penulty that I am qualified under substituted filing of income 1 ax 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 the provision of State of the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

Employee Signature over Printed Name