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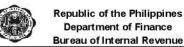
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2316 Payment/Tax Withheld									
Payment/Tax Withheld January 2018 (ENCS) Payment With or Without Tax Withheld 2316 01/18ENCS									
	lark all appropriate boxes with an "X".	With Or Without 1	ax vviuii	ieiu		2310 0171021	.00		
1 For the Year (YYYY)	2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 0 0 0								
3 TIN	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount								
1 7 9 • 4 Employee's Name (Last Na	27 Basic Salary (Amount 0.00				
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code 1 6 3 3		or the Statuto	ry Minimun	wage of the MW		0.00			
6 Registered Address BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN,		28 Holiday Pa	y (MWE)		0.00				
TAGUIG 6B Local Home Address	29 Overtime P	Pay (MWI	0.00						
		30 Night Shift	Different	ial (MWE)					
6D Foreign Address 1	9 7 3	31 Hazard Pay	y (MWE)			0.00			
7 Date of Birth (MM/DD/YYYY	32 13th Month (maximum o	1770	90,000.00						
	33 De Minimis	Benefits	5	25,775.72					
9 Statutory Minimum Wage	34 SSS, GSIS and Union		12,574.86						
Statutory Minimum Wage : Minimum Wage Ear	35 Salaries an	nd Other	Forms of Comp						
withholding tax and	36 Total Non-1			nsation	0.00				
2 TIN	B. TAXABLE CO		128,350.58						
3 Employer's Name		37 Basic Salar	ry			,			
4 Registered Address 0 0 3 9 4 3 2 1 3 14A 7 60 60		38 Representa	ation						
E Turn Affirmhlassaul IIII		39 Transporta	tion			297,959.45			
5 TypeAbFahanar Holdings Encloyer Secondary Employer Part III - Employer Information (Previous)		40 Cost of Livi	ing Allow	ance (COLA)		0.00			
6 TIN 770 E. Rodriguez Ext., Malibay, Pasay City 13 0 0			sing Allov	vance		0.00			
7 Employer's Name		42 Others (spe	ecify)			3,876.27			
O Devistant d Address	42A				0.00				
8 Registered Address 18A ZIP Code		42B Tempo SUPPLEM	Allowa	nce		37,654.96			
1:	43 CSARVISE		0.00						
19 Gross Compensation Incomplete (Sum of Items 36)			A110C	[0.00				
20 Less: Total Non-Taxable/Exem Income from Present Em	pt Compensation 535 323 6			1. 19372		0.00			
21 Taxable Compensation In Employer (Item 19 Less Item	ncome from Present 128,350.5	3	45 Fees Including Director's Fees		0.00				
22 Add: Taxable Compensat	tion Income from 406,973.0		th Month	Benefits		0.00			
Previous Employer, if app 23 Gross Taxable Compensa	The state of the s	47 Hazard Pay	у			2,046.00			
(Sum of Items 21 and 22) 24 Tax Due	0.0	48 Overtime Pay		0.00					
25 Amount of Taxes Withhel	d 0.0		ecify)			0.00			
25A Present Employer	406,973.0 31,743.2					65,436.40			
25B Previous Employer, in 25B Total Amount of Taxes W	ii applicable	456	ble Comr	ensation Incon	ne [0.00	_		
(Sum of Items 25A and 25B) I/We declare, under the pen	alties of perjury that this certificate has been made in good fall	(Sum of Item	and to the	B) best of my/our k	nowledge and be	0.00 elief, is true and correct, pursu	ant to		
the provisions of the National Ir as contemplated under the *Da	nternal Revenue Code, as amended, and the regulations issue ata Privacy Act of 2012 (R.A. No. 10173) for legitm ଲକ୍ତ ସହିଥିଲେ ।	under authority the ul purposes.	ereof. Furth	er, I/we give my/	our consent to th	he processing, graygun gform	nation		
51	MA RITA CARMEN		Date S	igned		1 1			
Present Employer CONFORME:	//Authorized Agent Signature over Printed Name GARCES, JOCELYN SERIO			15					

51Present Emp	MA RITA CARMEN Dloyer/Authorized Agent Signature over Printed Name	Date Signed	ì		Ĩ	T	
ONFORME: 52	GARCES, JOCELYN SERIO Employee Signature over Printed Name	Date Signed	i	ĺ		ľ	
TC/Valid ID No.	Place of Issue	Date Signed	j	Ď	li	Ĭ	ĭ

To be accomplished under substituted filing

I declare, under the penalties of permy that the information herein stated are 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)

I declare, under the penalties of periury that I am qualified under substituted filing of Income Tax Retum (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 any employed of the 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.

Amount paid, if CTC

Employee Signature over Printed Name