

Certificate of Compensation BIR Form No.



Employee Signature over Printed Name

2316 Payment/Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X".	With or Without Tax Withheld	2316 01/18ENCS
1 For the Year	2 For the Period	
(YYYY) 2 0 1 9		(M/DD) 0 0 0 0
Part I - Employee Information 3 TIN	Part IV-B Details of Compensation Income & Tax Wi	ithheld from Present Employer
1 7 9 - 5 8 1 - 5 7 0 -	A. NON-TAXABLE/EXEMPT COMPENSATION IN COME	Amount 0.00
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	27 Basic Salary (including the exempt P250,000 & below)	0.00
GARCES, JOCELYN SERIO 0 5 1	or the Statutory Minimum Wage of the MWE	
6 Registered Address 6A ZIP Code	28 Holiday Pay (MWE)	0.00
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN,		0.00
TAGUIG 1 6 3 3	29 Overtime Pay (MWE)	0.00
6B Local Home Address 6C ZIP Code	30 Night Shift Differential (MWE)	0.00
	30 Night Shill Differential (MVVL)	
6D Foreign Address	31 Hazard Pay (MWE)	0.00
	32 13th Month Pay and Other Benefits	90,000.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	(maximum of P90,000)	
0,63,01,9,7,3	33 De Minimis Benefits	25,775.72
9 Statutory Minimum Wage rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,574.86
10 Statutory Minimum Wage rate per month	* * * *	12,374.00
Minimum Wage Earner (MWE) whose compensation is exempt from	35 Salaries and Other Forms of Compensation	
withholding tax and not subject to income tax	36 Total Non-Taxable/Exempt Compensation	0.00
Part II - Employer Information (Present)	Income (Sum of Items 27 to 35)	0.00
12 TIN - - - 10.00	B. TAXABLE COMPENSATION INCOME REGULAR	128,350.58
13 Employer's Name		120,330.30
	37 Basic Salary	
14 Registered Address 0 0 2 0 4 2 2 4 214A ZHP Gode	38 Representation	
14 Registered Address 0 0 3 9 4 3 2 1 3 14A ZIP 604e		297,959.45
	39 Transportation	291,909.40
15 TypeAbrahamarHoldings கூறிoyer Secondary Employer	40. Cook of Living Alloupped (COLA)	0.00
Part III - Employer Information (Previous)	40 Cost of Living Allowance (COLA)	
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City 1 3 0 0	41 Fixed Housing Allowance	0.00
17 Employer's Name	42 Others (specify)	3,876.27
The Employer's Name	42A	
	42A	0.00
18 Registered Address 18A ZIP Code	42B	
	SUPPLEMENTARY NCE	37,654.96
Part IVA - Summary	43 CSARVISE Allowance	0.00
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		
20 Less: Total Non-Tayable/Eyempt Compensation	44 Profit Sharing	0.00
Income from Present Employer (From Item 36) 535,323.66	AF Food Including Director's Food	
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 Previous Employer, if applicable 0.00		0.00
	47 Hazard Pay	2.046.00
(Sum of Items 21 and 22)	48 Overtime Pay	2,046.00
0.00		0.00
0.00	49 Others (specify)	0.00
25 Amount of Taxes Withheld 25A Present Employer 406,973.08	49A	65,436.40
31 743 27	100	
25B Previous Employer, if applicable	498	0.00
26 Total Amount of Taxes Withheld as adjusted 44,013.08		0.00
(Sum of Items 25A and 25B) I/We declare, under the penalties of perjury that this certificate has been made in good faith,	(Sum of Items 37 to 49B)	elief is true and correct pursuant to
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 as 400 avrial.		
as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitim atte 4804a with	purposes.	,
51 MA RITA CARMEN	Date Signed	
Present Employer/Authorized Agent Signature over Printed Name		
CONFORME: GARCES, JOCELYN SERIO	<u> </u>	
52	Date Signed	N I
Employee Signature over Printed Name		Amount paid, if CTC
CTC/Valid ID No. Place of	Date Signed	
of Employee Issue To be accomplished u	inder substituted filing	
I declare, under the penalties of periury 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 unde	er substituted filing of Income Tax Return
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	mployer (tax due equals tax withheld); that
	the BIR Form No. 1604-C filed by my remploye by the BIR small reposition. Form No. 2316 shall serve the same purpose as if BIR Form No. 1700	ute as my income tax return; and that BIR
53	of Revenue Regulations (RR) No. 3-2002, as amended.	nas veen neu parsuant to the provisions

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