

BIR Form No.

tificate of Componention



2316						
January 2018 (ENCS)	Payment/Tax Withheld					
Fill in all applicable spaces. M	lark all appropriate hoves	For Compensation Payment V	Vith or Without Tax Withheld		2316 01	/18ENCS
1 For the Year	laik all appropriate boxes	Willian A.	2 For the Period			
\'''''	2 0 1 9			0 1 To (MA		0 0
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/EXEMPT COMPENS	ATION INCOME	Amount 0.0	00
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code			27 Basic Salary (including the exempt P250,000 & below)		0.0	, ,
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		00	
TAGUIG 1 6 3 3			29 Overtime Pay (MVVE)			
6B Local Home Address 6C ZIP Code			30 Night Shift Differential (MWE)			
CD Country Address			0.00		10	
6D Foreign Address			31 Hazard Pay (MWE)		0.0	,,
			32 13th Month Pay and Other Benefits 90,000		10	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number			(maximum of P90,000)			
0 6 3 0 1 9 7 3			33 De Minimis Benefits		25,775.7	′2
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 0.00			35 Salaries and Other Forms of Compensation			
	rner (MWE) whose compe				Ä	
withholding tax and not subject to income tax Part II - Employer Information (Present)			36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		0.0)0
12 TIN			B. TAXABLE COMPENSATION INCOME REGULAR			
01013 91413 21113 01010 1			B. TAXABLE COME ENGATION INCOME	, NEODENIX	128,350.5	58
13 Employer's Name			37 Basic Salary			
Abraham Holdings,	Inc.			Г		
14 Registered Address 14A ZIP Code			38 Representation			
770 E. Rodriguez Ext., Malibay, Pasay City			39 Transportation		297,959.4	15
15 Type of Employer Main Employer Secondary Employer			**	-	0.0	00
			40 Cost of Living Allowance (COL	.A)		,,
16 TIN			41 Fixed Housing Allowance		0.0	00
					3,876.2	7
17 Employer's Name			42 Others (specify)		·	ĺ
			42A		0.0)0
18 Registered Address		18A ZIP Code	42B			
		Tempo Allowance		37,654.96		
Part IVA - Summary			43 cService Allowance		0.0	00
19 Gross Compensation Income from Present 535,323.66						
Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation			44 Profit Sharing		0.0	00
Income from Present Em			45 Face Includes Bioched Face		0.0	
21 Taxable Compensation Income from Present 128,350.58		45 Fees Including Director's Fees		0.0)0	
Employer (Item 19 Less Item 20) (From Item 50) 406,973.08		46 Taxable 13th Month Benefits				
22 Add: Taxable Compensate Previous Employer, if app		0.00		L	0.0)0 —
23 Gross Taxable Compens		406,973.08	47 Hazard Pay		2,046.0	,,
(Sum of Items 21 and 22)	L		48 Overtime Pay	Γ	2,040.0	<i>,</i> 0
24 Tax Due		0.00		L	0.0	10
25 Amount of Toyen \Aftibbel	L	0.00	49 Others (specify)		0.0	, ,
25 Amount of Taxes Withhel 25A Present Employer	la .	406,973.08	49A		65,436.4	10
	if applicable	31,743.27	49B			
25B Previous Employer,	п аррисаріе	·			0.0	1 0
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		50 Total Taxable Compensation Income				
I/We declare under the per	nalties of periury that this certi	(Sum of Items 37 to 49B) verified by me/us, and to the best of my/u	our knowledge and be	O.(nursuant 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 t						
and the De	1123 / 101 01 20 12 (11.71.)					
51	MA RITA CARME	EN	Date Signed	1 1 1	1 1	
Present Employer	r/Authorized Agent Signat					
CONFORME: GARCES, JOCELYN SERIO						
52 Date Signed Date Signed						
Emp	loyee Signature over Prin	ted Name			Amour	t paid, if CTC

CTC/Valid ID No. Place of Date Signed

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.

of Employee

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

I declare, under the penalties of perjury 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 an analysis 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.

Employee Signature over Printed Name