



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 1   7   9   -   5   8   1   -   5   7   0   -		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) GARCES, JOCELYN SERIO		Amount	
5 RDO Code 0   5   1		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
6 Registered Address BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		28 Holiday Pay (MWE) 0.00	
6A ZIP Code 1   6   3   3		29 Overtime Pay (MWE) 0.00	
6B Local Home Address		30 Night Shift Differential (MWE) 0.00	
6C ZIP Code		31 Hazard Pay (MWE) 0.00	
6D Foreign Address		32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
7 Date of Birth (MM/DD/YYYY) 0   6   3   0   1   9   7   3		33 De Minimis Benefits 25,775.72	
8 Contact Number		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86	
9 Statutory Minimum Wage rate per day		35 Salaries and Other Forms of Compensation 0.00	
10 Statutory Minimum Wage rate per month 0.00		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 128,350.58	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II - Employer Information (Present)		37 Basic Salary 297,959.45	
12 TIN 0   0   3   -   9   4   3   -   2   1   3   -   0   0   0		38 Representation 0.00	
13 Employer's Name Abraham Holdings, Inc.		39 Transportation 0.00	
14 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City		40 Cost of Living Allowance (COLA) 3,876.27	
14A ZIP Code 1   3   0   0		41 Fixed Housing Allowance 0.00	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Others (specify)	
Part III - Employer Information (Previous)		42A Tempo Allowance 37,654.96	
16 TIN		42B Service Allowance 0.00	
17 Employer's Name		SUPPLEMENTARY	
18 Registered Address		43 Commission 0.00	
18A ZIP Code		44 Profit Sharing 0.00	
Part IVA - Summary		45 Fees Including Director's Fees 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 535,323.66		46 Taxable 13th Month Benefits 2,046.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 128,350.58		47 Hazard Pay 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 406,973.08		48 Overtime Pay 65,436.40	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		49 Others (specify)	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08		49A 0.00	
24 Tax Due 31,743.27		49B 0.00	
25 Amount of Taxes Withheld		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 406,973.08	
25A Present Employer 44,013.08			
25B Previous Employer, if applicable 0.00			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 44,013.08			

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 and lawful purposes.

51 ANTONIO CABIJE Present Employer/Authorized Agent Signature over Printed Name		Date Signed	
CONFORME:			
52 GARCES, JOCELYN SERIO Employee Signature over Printed Name		Date Signed	
CTC/Valid ID No. of Employee		Place of Issue	
		Date Signed	
To be accomplished under substituted filing		Amount paid, if CTC	
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.			
53 ANTONIO CABIJE Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		54 GARCES, JOCELYN SERIO Employee Signature over Printed Name	