



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 Amount 0.00	
4 Employee's Name (Last Name, First Name, Middle Name) GARCES, JOCELYN SERIO		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
5 RDO Code 0 5 1		28 Holiday Pay (MWE) 0.00	
6 Registered Address BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		29 Overtime Pay (MWE) 0.00	
6A ZIP Code 1 6 3 3		30 Night Shift Differential (MWE) 0.00	
6B Local Home Address		31 Hazard Pay (MWE) 0.00	
6C ZIP Code		32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
6D Foreign Address		33 De Minimis Benefits 25,775.72	
7 Date of Birth (MM/DD/YYYY) 0 6 3 0 1 9 7 3		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86	
8 Contact Number		35 Salaries and Other Forms of Compensation	
9 Statutory Minimum Wage rate per day		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 0.00	
10 Statutory Minimum Wage rate per month 0.00		B. TAXABLE COMPENSATION INCOME REGULAR 128,350.58	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		37 Basic Salary	
Part II - Employer Information (Present)		38 Representation	
12 TIN 0 0 3 - 9 4 3 - 2 1 3 - 0 0 0		39 Transportation 297,959.45	
13 Employer's Name Abraham Holdings, Inc.		40 Cost of Living Allowance (COLA) 0.00	
14 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City		41 Fixed Housing Allowance 0.00	
14A ZIP Code 1 3 0 0		42 Others (specify) 3,876.27	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42A 0.00	
Part III - Employer Information (Previous)		42B 37,654.96	
16 TIN		43 Service Allowance 0.00	
17 Employer's Name		44 Profit Sharing 0.00	
18 Registered Address		45 Fees Including Director's Fees 0.00	
18A ZIP Code		46 Taxable 13th Month Benefits 0.00	
Part IVA - Summary		47 Hazard Pay 2,046.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 535,323.66		48 Overtime Pay	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 128,350.58		49 Others (specify) 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 406,973.08		49A 65,436.40	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		49B 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 0.00	
24 Tax Due 0.00			
25 Amount of Taxes Withheld			
25A Present Employer 0.00			
25B Previous Employer, if applicable 31,743.27			
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 MA RITA CARMEN Present Employer/Authorized Agent Signature over Printed Name	Date Signed
CONFORME: GARCES, JOCELYN SERIO	
52 Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Place of Issue
	Date Signed
	Amount paid, if CTC

To be accomplished under substituted filing

53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 Employee Signature over Printed Name
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