

BIR Form No. 2316

## **Certificate of Compensation** Payment/Tax Withheld



January 2018 (ENCS)		With or Without Tax Withheld					2316 01/18ENCS							
	spaces. Mark all appropriate boxes with an "X".				- David									
1 For the Year (YYYY)	2   0   1   9			2 For the Period						MM/DD) 0 0 0 0				
	Part I - Employee Info	mation			-B Details of		ation Inc	ome &		thheld fron	ı Present I	mployer		
3 TIN 1   7   9	- 5   8   1 - 5	7   0 -		A. NON-TA	XABLE/EXEM	РТ СОМРЕ	NSA TIOI	N INCOM	IE		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									
					28 Holiday Pay (MWE)						0.00			
6 Registered Address 6A ZIP Code 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 Shift Differential (MVVE)						2.00			
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 6 3 0 1 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 0.00					35 Salaries and Other Forms of Compensation						,			
Minimum Wage Earner (MWE) whose compensation is exempt from					36 Total Non-Taxable/Exempt Compensation									
withholding tax and not subject to income tax  Part II - Employer Information (Present)					non-Taxable ne (Sum of Ite			nsation		0.00				
12 TIN					E COMPENSA			ULAR						
0 0 1 3 - 9 4 1 3 - 2 1 1 3 - 0 1 0 1 0 1									4	128,350.58				
13 Employer's Name				37 Basic	Salary									
				38 Repre	contation									
14 Registered Address			14A ZIP Code	30 Kepre	Sentation						7 050	4.5		
				39 Trans	portation						<del>97,959</del> .	45		
15 Туре <b>Арғарына т</b> Ною	din@a≨n LEnCployer	Secondary	Employer	40.0.4							0.	00		
	I - Employer Informati	on (Previous)		40 Cost o	of Living Allo	wance (C	OLA)							
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City 1 3 0 0					41 Fixed Housing Allowance						0.00			
17 Employer's Name	1000	The state of the s		42 Other	s (snecify)				*		3,876.	27		
17 Employer's Name					42 Others (specify) 42A						,			
18 Registered Address 18A ZIP Code					120						0.00			
18 Registered Address 18A ZIP Code					42B						27.654.06			
					SUPPLEM ENTARY NCE						37,654.96			
Part IVA - Summary  19 Gross Compensation Income from Present					43 ୍ଦରକ୍ତମ୍ୟକ୍ତିଜ୍ୟ Allowance						0.00			
Employer (Sum of Items				44 Dunfit	Charina									
20 Less: Total Non-Taxable/Exe	Less: Total Non-Taxable/Exempt Compensation				44 Profit Sharing						0.00			
Income from Present E			45 Fees Including Director's Fees						0.00					
21 Taxable Compensation		128,350.58							0.00					
22 Add: Taxable Compensation Income from			406,973.08							0.00				
Previous Employer, if applicable 0.00				47 Hazard Pay						0.00				
23 Gross Taxable Compensation Income 406,973.08										2,046.00				
(Sum of Items 21 and 22)			0.00	48 Overti	ime Pay									
24 Tax Due			0.00	49 Others	s (specify)				50		0.	00		
25 Amount of Taxes Withh	neld		406,973.08	49A							SE 126	40		
ZSA Fresent Employer									_	65,436.40				
25B Previous Employer, if applicable 31,743.27														
26 Total Amount of Taxes Withheld as adjusted 44,013.08					50 Total Taxable Compensation Income						0.00			
(Sum of Items 25A and 25			0.00		of Items 37 to					-11-6 la taux		00		
I/We declare, under the p the provisions of the Nationa as contemplated under the *	enalties of perjury that this I Internal Revenue Code, a	is amended, and	en made in good faith, the regulations issued	under author	ie/us, and to thity thereof. Fur	ther, I/we	give my/o	our cons	ent to the	eller, is true ne proces <b>a</b> i	and correct	n pursuant to		
as contemplated under the *	Data Privacy Act of 2012 (I	K.A. No. 10173) fo	or legitim 444 400 Ma Offli	purposes.						-т	20,010.			
51	MA RITA CA	RMEN			Date	Signed	21	a a	ř	3 1				
	er/Authorized Agent Sig		inted Name		2010	3				1 1	l			
CONFORME:	GARCES, JOCEL	YN SERIO							1	Ÿ	1			
52		Delete I N			Date	Signed	Li	Li		11				
CTC/Valid ID No.	nployee Signature over	Printed Name Place of [		75	9000000			1	1		Amou	nt paid, if CTO		
of Employee		Issue			Date	Signed				1 1				
ĵ		To I	oe accomplished ι						**************************************					
declare, under the pe	nalties of perjury that the	information here	in stated are	l de	clare, under the p	enalties of n	eriury that	am qualif	ied unde	r substituted f	ling of Incom	e Tax Return		

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 perjury that I am qualified under substituted filing of Income Tax Return (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 the property 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