



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

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 business 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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