



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