



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		5 RDO Code 0 5 1	
6 Registered Address BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		6A ZIP Code 1 6 3 3	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
7 Date of Birth (MM/DD/YYYY) 0 6 3 0 1 9 7 3		28 Holiday Pay (MWE) 0.00	
8 Contact Number		29 Overtime Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day		30 Night Shift Differential (MWE) 0.00	
10 Statutory Minimum Wage rate per month 0.00		31 Hazard Pay (MWE) 0.00	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
Part II - Employer Information (Present)		33 De Minimis Benefits 25,775.72	
12 TIN 0 0 3 - 9 4 3 - 2 1 3 - 0 0 0		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86	
13 Employer's Name Abraham Holdings, Inc.		35 Salaries and Other Forms of Compensation	
14 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City		14A ZIP Code 1 3 0 0	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 0.00	
Part III - Employer Information (Previous)		B. TAXABLE COMPENSATION INCOME REGULAR 128,350.58	
16 TIN		37 Basic Salary	
17 Employer's Name		38 Representation	
18 Registered Address		39 Transportation 297,959.45	
18A ZIP Code		40 Cost of Living Allowance (COLA) 0.00	
Part IVA - Summary		41 Fixed Housing Allowance 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 535,323.66		42 Others (specify) 3,876.27	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 128,350.58		42A 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 406,973.08		42B 37,654.96	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		43 Service Allowance 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08		44 Profit Sharing 0.00	
24 Tax Due 31,743.27		45 Fees Including Director's Fees 0.00	
25 Amount of Taxes Withheld		46 Taxable 13th Month Benefits 0.00	
25A Present Employer 44,013.08		47 Hazard Pay 2,046.00	
25B Previous Employer, if applicable 0.00		48 Overtime Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) -12,269.81		49 Others (specify) 0.00	
		49A 65,436.40	
		49B 0.00	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 406,973.08	

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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