



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 | | | |
| 7 Date of Birth (MM/DD/YYYY) 0 6 3 0 1 9 7 3 | | 8 Contact Number | |
| 9 Statutory Minimum Wage rate per day | | 27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00 | |
| 10 Statutory Minimum Wage rate per month 0.00 | | 28 Holiday 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 | | 29 Overtime Pay (MWE) 0.00 | |
| Part II - Employer Information (Present) | | 30 Night Shift Differential (MWE) 0.00 | |
| 12 TIN 0 0 3 - 9 4 3 - 2 1 3 - 0 0 0 | | 31 Hazard Pay (MWE) 0.00 | |
| 13 Employer's Name Abraham Holdings, Inc. | | 32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00 | |
| 14 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City | | 33 De Minimis Benefits 25,775.72 | |
| 14A ZIP Code 1 3 0 0 | | 34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86 | |
| 15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer | | 35 Salaries and Other Forms of Compensation 0.00 | |
| Part III - Employer Information (Previous) | | 36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 128,350.58 | |
| 16 TIN | | B. TAXABLE COMPENSATION INCOME REGULAR | |
| 17 Employer's Name | | 37 Basic Salary 297,959.45 | |
| 18 Registered Address | | 38 Representation 0.00 | |
| 18A ZIP Code | | 39 Transportation 0.00 | |
| Part IVA - Summary | | 40 Cost of Living Allowance (COLA) 3,876.27 | |
| 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 535,323.66 | | 41 Fixed Housing Allowance 0.00 | |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 128,350.58 | | 42 Others (specify) | |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 406,973.08 | | 42A Tempo Allowance 37,654.96 | |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00 | | 42B Service Allowance 0.00 | |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08 | | SUPPLEMENTARY | |
| 24 Tax Due 31,743.27 | | 43 Commission 0.00 | |
| 25 Amount of Taxes Withheld | | 44 Profit Sharing 0.00 | |
| 25A Present Employer 44,013.08 | | 45 Fees Including Director's Fees 0.00 | |
| 25B Previous Employer, if applicable 0.00 | | 46 Taxable 13th Month Benefits 2,046.00 | |
| 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) -12,269.81 | | 47 Hazard Pay 0.00 | |
| | | 48 Overtime Pay 65,436.40 | |
| | | 49 Others (specify) | |
| | | 49A 0.00 | |
| | | 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.

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| 51 ANTONIO CABIJE Present Employer/Authorized Agent Signature over Printed Name | | Date Signed | |
| CONFORME: | | | |
| 52 GARCES, JOCELYN SERIO 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 | | | |
| I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue. | | 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 my employer to the BIR shall constitute as my income tax return; and that 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. | |
| 53 ANTONIO CABIJE Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative) | | 54 GARCES, JOCELYN SERIO Employee Signature over Printed Name | |