



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

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:			
52 GARCES, JOCELYN SERIO Employee Signature over Printed Name		Date Signed	
CTC/Valid ID No. of Employee		Date Signed	
Place of Issue		Amount paid, if CTC	
To be accomplished under substituted filing			
53 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. Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		54 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 on the BIR shall serve 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. Employee Signature over Printed Name	