

BIR Form No.

## Certificate of Compensation



2316 January 2018 (ENCS)  Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld 2316 01/18ENCS									
	ark all appropriate boxes with an "X".	The state of the s							
1 For the Year	3 10 0 1 1 1 0	2 For the Period	0 1 0 1 0 1 0						
\''''	2   0   1   9   art I - Employee Information	From (MM/DD) 0 1 0 1 To (MM/DD) 0 0 0 0 0  Part IV-B Details of Compensation Income & Tax Withheld from Present Employer							
3 TIN		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount						
1   7   9	5   8   1   5   7   0   1   1   1		Amount 0.00						
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE							
GARCES, JOCELYN SERIO 0   5   1			0.00						
6 Registered Address	6A ZIP Code J ST. P-5 BRGY. UPPER BICUTAN,	28 Holiday Pay (MWE)							
TAGUIG	1   6   3   3	29 Overtime Pay (MWE)	0.00						
6B Local Home Address	6C ZIP Code		0.00						
		30 Night Shift Differential (MWE)							
6D Foreign Address		31 Hazard Pay (MWE)	0.00						
		32 13th Month Pay and Other Benefits 90,000.00							
7 Date of Birth (MM/DD/YYYY)	The state of the s	(maximum of P90,000)							
0   6   3   0   1   9   7	3	33 De Minimis Benefits	25,775.72						
9 Statutory Minimum Wage r	rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions							
• •		and Union Dues (Employee share only)	12,574.86						
10 Statutory Minimum Wage r	rate per month 0.00  ner (MWE) whose compensation is exempt from	35 Salaries and Other Forms of Compensation							
withholding tax and not subject to income tax		36 Total Non-Taxable/Exempt Compensation	0.00						
Part II -	Employer Information (Present)	Income (Sum of Items 27 to 35)	3.30						
0 0 1 3 - 9 4 3 - 2 1 1 3 - 0 1 0 1 0 1		B. TAXABLE COMPENSATION INCOME REGULAR	128,350.58						
13 Employer's Name		37 Basic Salary	3,000.30						
,			\$						
14 Registered Address	14A ZIP Code	38 Representation							
		39 Transportation	297,959.45						
15 Type AtoFanhamar Holdin	19€ Secondary Employer Secondary Employer		0.00						
	Employer Information (Previous)	40 Cost of Living Allowance (COLA)	0.00						
16 TIN 770 E. Rodriguez Ext., N	Malibay, Pasay City 1 3 0 0	41 Fixed Housing Allowance	0.00						
17 Employer's Name		42 Others (specify)	3,876.27						
Limployer's ivame									
40.D	101.717.6	42A	0.00						
18 Registered Address	18A ZIP Code	42B	07.054.00						
	B-tW4 9	SUPPLEM ENTARY NCE	37,654.96						
19 Gross Compensation Inco	Part IVA - Summary	43 SARVISE Allowance	0.00						
Employer (Sum of Items 36		44 Profit Sharing	70						
20 Less: Total Non-Taxable/Exem	626 202 66	THE STIGHT	0.00						
Income from Present Emp 21 Taxable Compensation In	noyer (From Rem 30)	45 Fees Including Director's Fees	0.00						
Employer (Item 19 Less Iter	m 20) (Emm Itam 50)	l i	<u> </u>						
22 Add: Taxable Compensat	ion Income from	46 Taxable 13th Month Benefits	0.00						
Previous Employer, if app 23 Gross Taxable Compensa		47 Hazard Pay							
(Sum of Items 21 and 22)	400,973.00	40 Overtime Berry	2,046.00						
24 Tax Due 0.00		48 Overtime Pay	0.00						
	0.00	49 Others (specify)	0.00						
25 Amount of Taxes Withheld 25A Present Employer 406,973.08		49A	65,436.40						
25B Previous Employer, i	f applicable 31,743.27	498							
26 Total Amount of Taxes W			0.00						
(Sum of Items 25A and 25B)	44,013.00	(Sum of Items 37 to 49B)	0.00						
IM/o dodoro under the nen	alties of perjury that this certificate has been made in good faith,	verified by melus, and to the best of mylour knowledge and be							

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 processary of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processary of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processary of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processary of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

51Present E	MA RITA CARMEN imployer/Authorized Agent Signature over Printed Name	Date Signed		ì	Ī	1	I
ONFORME: 52	GARCES, JOCELYN SERIO	Date Signed	ĭ	li	Ī	Î	ĵ
	Employee Signature over Printed Name			W 25	350	\$10	
TC/Valid ID No.	Place of	Date Signed	847	547		801 1	108
f Employee	Issue	Date Signed				1	1_

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.

Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of periury that I am qualified under substituted filing of Income Tax Retum (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 any employed of the 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.

Amount paid, if CTC

Employee Signature over Printed Name