

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld

IIII BARA KATRA KATRA KATRA KATRA

Employee Signature over Printed Name

January 2018 (ENCS) For Compensation Payment \	Vith or Without Tax Withheld	2316 01/18ENCS
Fill in all applicable spaces. Mark all appropriate boxes with an "X". 1 For the Year	2 For the Period	
(YYYY) 2 0 1 9	From (MM/DD) 0 1 0 1 To (M	
Part I - Employee Information 3 TIN	Part IV-B Details of Compensation Income & Tax Wit	
1 7 9 5 8 1 5 7 0 5 1 1 1	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
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	0.00
GARCES, JOCELYN SERIO 0 5 1	28 Holiday Pay (MWE)	
6 Registered Address 6A ZIP Code BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN,		0.00
TAGUIG 1 6 3 3 6B Local Home Address 6C ZIP Code	29 Overtime Pay (MWE)	0.00
OB LOCAL Floring Address	30 Night Shift Differential (MWE)	0.00
6D Foreign Address		
	31 Hazard Pay (MWE)	0.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	32 13th Month Pay and Other Benefits (maximum of P90,000)	90,000.00
0 6 3 0 1 9 7 3	33 De Minimis Benefits	25,775.72
9 Statutory Minimum Wage rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions	12,574.86
10 Statutory Minimum Wage rate per month 0.00	and Union Dues (Employee share only)	12,374.00
Minimum Wage Earner (MWE) whose compensation is exempt from	35 Salaries and Other Forms of Compensation	
withholding tax and not subject to income tax Part II - Employer Information (Present)	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	0.00
12 TIN 0 0 0 3 - 9 4 3 - 2 1 3 - 0 0 0 0	B. TAXABLE COMPENSATION INCOME REGULAR	400.050.50
13 Employer's Name	37 Basic Salary	128,350.58
Abraham Holdings, Inc.	Jan Basic Garaty	
14 Registered Address 14A ZIP Code	38 Representation	207.070.47
770 E. Rodriguez Ext., Malibay, Pasay City	39 Transportation	297,959.45
15 Type of Employer Main Employer Secondary Employer	40 Cost of Living Allowance (COLA)	0.00
Part III - Employer Information (Previous) 16 TIN	41 Fixed Housing Allowance	0.00
17 Employer's Name	42 Others (specify)	3,876.27
17 Employer's Name	42 Outlets (specify)	
18 Registered Address 18A ZIP Code		0.00
	42B Tempo Allowance SUPPLEMENTARY	37,654.96
Part IVA - Summary	43 CSARVISE Allowance	0.00
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 535,323.66		
20 Less: Total Non-Taxable/Exempt Compensation	44 Profit Sharing	0.00
Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present	45 Fees Including Director's Fees	0.00
Employer (Item 19 Less Item 20) (From Item 50) 406,973.08	46 Taxable 13th Month Benefits	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		0.00
23 Gross Taxable Compensation Income	47 Hazard Pay	2,046.00
(Sum of Items 21 and 22) 406,973.08	48 Overtime Pay	
24 Tax Due 31,743.27	49 Others (specify)	0.00
25 Amount of Taxes Withheld 25A Present Employer 44,013.08	49A	65,436.40
25B Previous Employer, if applicable 0.00	498	
26 Total Amount of Taxes Withheld as adjusted	50 Total Taxable Compensation Income	0.00
(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,	(Sum of Items 37 to 49B)	0.00
the provisions of the National Internal Revenue Code, as amended, and the regulations issued as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful	under authority thereof. Further, I/we give my/our consent to the	ne processing of my 406, 973.68
51 MA RITA CARMEN Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME: GARCES, JOCELYN SERIO		
52	Date Signed	
Employee Signature over Printed Name CTC/Valid ID No. Place of	Deta Simond	Amount paid, if CTC
of Employee Issue	Date Signed Inder 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	I declare, under the penalties of perjury that I am qualified under	
reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.	(BIR Form No. 1700), since I received purely compensation income for for the calendar year; that taxes have been correctly withheld by my expenditure to the RIP steps of the RI	ployer (tax due equals tax withheld); that
53	the BIR Form No. 1604-C filed by সুস্পুন্ত প্রত্যুক্ত কুলি চ্ছান্ত ১৯৯৮ নিজ stati Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 I of Revenue Regulations (RR) No. 3-2002, as amended.	has been filed pursuant to the provisions

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