

BIR Form No.

Certificate of Compensation Payment/Tax Withheld

Employee Signature over Printed Name

January 2018 (ENCS) For Compensation Payment V	Vith 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 (M	1M/DD) 0 0 0 0
Part I - Employee Information	Part IV-B Details of Compensation Income & Tax W	
3 TIN	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
1 7 9 5 8 1 5 7 0 1 1 0 5 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	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	0.00
6 Registered Address 6A ZIP Code	28 Holiday Pay (MWE)	0.00
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG 1 6 3 3	29 Overtime Pay (MWE)	0.00
6B Local Home Address 6C ZIP Code	25 Overtime Fay (IVIVVE)	
D LOOM THOMPO TRANSCO	30 Night Shift Differential (MWE)	0.00
		0.00
6D Foreign Address 1 9 7 3	31 Hazard Pay (MWE)	0.00
	32 13th Month Pay and Other Benefits	90,000.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	(maximum of P90,000)	
	33 De Minimis Benefits	25,775.72
9 Statutory Minimum Wage rate per day	34 SSS, GSIS, PHIC & PAG-IBIG Contributions	
o statutely imminiant reagonate per au	and Union Dues (Employee share only)	12,574.86
10 Statutory Minimum Wage rate per month	* * * * * * * * * * * * * * * * * * * *	
Minimum Wage Earner (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) 12 TIN	Income (Sum of Items 27 to 35)	
12 1110	B. TAXABLE COMPENSATION INCOME REGULAR	128,350.58
13 Employer's Name	37 Basic Salary	. 20,000.00
	J. Sallo Galai j	
14 Registered Address 0 0 3 9 4 3 2 1 3 14A ZAP 6 ode	38 Representation	
003 943 213 000		297,959.45
15 Type Affirmhiawar II 5 Idib go Inc.	39 Transportation	
15 TypeAbFahayarHoldings யிடுloyer Secondary Employer	40 Cost of Living Allowance (COLA)	0.00
Part III - Employer Information (Previous) 16 TIN 7/0 E. Rodriguez Ext., Malibay, Pasay City 1 3 () ()	40 Cost of Living / Morrance (CCD 1)	0.00
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City 1300	41 Fixed Housing Allowance	0.00
17 Employer's Name	42 Others (specify)	3,876.27
	42A	0.00
40 Paristand Address		0.00
18 Registered Address 18A ZIP Code	42B	07.054.00
	SUPPLEMENTARY NCE	37,654.96
Part IVA - Summary 19 Gross Compensation Income from Present	43 SANVISE Allowance	0.00
Employer (Sum of Items 36 and 50)		
20 Less: Total Non-Tayable/Evemnt Compensation	44 Profit Sharing	0.00
Income from Present Employer (From Item 36) 535,323.66	45 Fees Including Director's Fees	
21 Taxable Compensation Income from Present 128,350.58	40 Tees mordaing Effector 5 Tees	0.00
Employer (Item 19 Less Item 20) (From Item 50) 406,973.08	46 Taxable 13th Month Benefits	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		0.00
23 Gross Taxable Compensation Income 406,973.08	47 Hazard Pay	2,046.00
(Sum of Items 21 and 22)	48 Overtime Pay	2,040.00
0.00 24 Tax Due		0.00
<u> </u>	49 Others (specify)	0.00
25 Amount of Taxes Withheld 25A Present Employer 406,973.08	49A	65,436.40
31 743 27	408	·
238 Flevious Employer, il applicable	498	0.00
26 Total Amount of Taxes Withheld as adjusted 44,013.08	50 Total Taxable Compensation Income	
(Sum of Items 25A and 25B) I/We declare, under the penalties of perjury that this certificate has been made in good faith,	(Sum of Items 37 to 49B)	pelief is true and correct nursuant to
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 legitim as a Royal P	under authority thereof. Further, I/we give my/our consent to t	the processing of my bun information
as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitm are and awren	purposes.	
51 MA RITA CARMEN	Date Signed	
Present Employer/Authorized Agent Signature over Printed Name	Jake digited	
CONFORME: GARCES, JOCELYN SERIO		
52	Date Signed	
Employee Signature over Printed Name		Amount paid, if CTC
CTC/Valid ID No. Place of	Date Signed	
of Employee Issue To be accomplished u	nder substituted filing	
I declare, under the penalties of periury 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 fro for the calendar year; that taxes have been correctly withheld by my er	om only one employer in the Philippines
Model State (An Astronomy Control Cont	the BIR Form No. 1604-C filed by நால்களும் இரு மேற்கு BAR) s நேற்கு முதியிர் Form No. 2316 shall serve the same purpose as if BIR Form No. 1700	tute as my income tax return; and that BIR

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

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