

BIR Form No. 2316

## **Certificate of Compensation** Payment/Tax Withheld



January 2018 (ENCS) Fill in all applicable spaces. Mark all appropriate boxe		With or Without Tax Withheld 0 1 0 1 0 1 62316001/18	ENCS
1 For the Year 2 0 1 9	es with an A.	2 For the Period	
(YYYY) 1 7 9 5 8 Part I - Employee Inform	1 5 7 0	From (MM/DD)  Part IV-B Details of Compensation Income & Tax Withheld from Present Empl	over
3 TIN	2020	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	oyei
GARCES, JOCELYN SERIO	me) 5 RDO Code	0.00	
4 Employee's Name (Last Name, First Name, Middle Na BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. U		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
TAGUIG 6 Registered Address	6A ZIP Code	28 Holiday Pay (MWE)	
o Registereu Address	6A ZIF Code	0.00	
6B Local Home Address	6C ZIP Code	29 Overtime Pay (MVVE)	
		30 Night Shift Differential (MWE)	
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 and Union Dues (Employee share only) 12,574.86	
10 Statutory Minimum Wage rate per month		35 Salaries and Other Forms of Compensation	
Minimum Wage Earner (MWE) whose compensation is exempt from			
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)	
12 TIN 0.00		B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name		128,350.58 37 Basic Salary	
		37 Basic Salal y	
14 Registered Address 0 0 3 9 4 3 2 1 3 14A ZAP 60de		38 Representation	
		39 Transportation 297,959.45	
15 Type Alb Feath ann Holding கொடும்ற ப	Secondary Employer	40 Cost of Living Allowance (COLA)	
Part III - Employer Information (Previous)  16 TIN 770 E. Rodriguez Ext., Mailibay, Pasay City 1 3 0 0		0.00	
		41 Fixed Housing Allowance	
17 Employer's Name		42 Others (specify) 3,876.27	
		42A 0.00	
18 Registered Address 18A ZIP Code		42B	
Part IVA - Summary		SUPPLEM Allowance 37,654.96	
19 Gross Compensation Income from Present		43 CSANVISE Allowance 0.00	
Employer (Sum of Items 36 and 50)		44 Profit Sharing 0.00	
20 Less: Total Non-Taxable/Exempt Compensation 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	43 Fees including Director's Fees 0.00	
Employer (Item 19 Less Item 20) (From Item 50)  22 Add: Taxable Compensation Income from	406,973.08	46 Taxable 13th Month Benefits 0.00	
Previous Employer, if applicable	0.00	47 Hazard Pay	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	406,973.08	2,046.00	
24 Tax Due	0.00		
25 Amount of Taxes Withheld	0.00		
25A Present Employer	406,973.08		
25B Previous Employer, if applicable	31,743.27	498	
26 Total Amount of Taxes Withheld as adjusted	44,013.08	50 Total Taxable Compensation Income	
(Sum of Items 25A and 25B)	utificate has been made in good falls	(Sum of Items 37 to 49B)  (Sum of Items 37 to 49B)  (yeified by me/us, and to the best of my/our knowledge and belief, is true and correct, pure the content of the content	reuant to
the provisions of the National Internal Revenue Code, as as contemplated under the *Data Privacy Act of 2012 (R.)	amended, and the regulations issued  No. 10173) for legitim 4646930 full	i under authority thereof. Further, I/we give my/our consent to the procesting of the best of my/our before the processing of the best of the best of my/our before the processing of the best of the best of my/our before the processing of the best	ormation
, , , , , , , , , , , , , , , , , , , ,			
51 MA RITA CARI Present Employer/Authorized Agent Sign		Date Signed	
CONFORME: GARCES, JOCELYN			
52		Date Signed	
Employee Signature over P	inted Name Place of	Amount pa	id, if CTC
of Employee	Issue	Date Signed	
I declare, under the penalties of perjury that the in		under substituted filing  I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax	Return
I declare, under the penalties of perjury that the in reported under BIR Form No. 1604-C which has be Internal Revenue.	(BIR Form No. 1700), since I received purely compensation income from only one employer in the Philip for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withhe	pines	
99806977. USA (III)		the BIR Form No. 1604-C filed by managing by the BIR stall pays titute as my income tax return; and Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the pro	that BIR
53Present Employer/Authorized Agent Signature over Printed Name		of Revenue Regulations (RR) No. 3-2002, as amended.	
(Head of Accounting/Human Resource or A	uthorized Representative)	54	