



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation
Payment/Tax Withheld



2 0 1 8

For Compensation Payment With or Without Tax Withheld 0 1 0 1

2316/01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) 1 7 9 1 5 8 1 5 7 0		2 For the Period From (MM/DD) To (MM/DD)	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN GARCES, JOCELYN SERIO - - - - - 0 5 1		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount 0.00	
4 Employee's Name (Last Name, First Name, Middle Name) BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
5 RDO Code 1 6 3 3		28 Holiday Pay (MWE)	
6 Registered Address		29 Overtime Pay (MWE)	
6A ZIP Code		30 Night Shift Differential (MWE)	
6B Local Home Address		31 Hazard Pay (MWE)	
6C ZIP Code		32 13th Month Pay and Other Benefits (maximum of P90,000)	
6D Foreign Address 0 6 3 0 1 9 7 3		33 De Minimis Benefits	
7 Date of Birth (MM/DD/YYYY)		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
8 Contact Number		35 Salaries and Other Forms of Compensation	
9 Statutory Minimum Wage rate per day		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	
10 Statutory Minimum Wage rate per month		B. TAXABLE COMPENSATION INCOME REGULAR 128,350.58	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		37 Basic Salary	
Part II - Employer Information (Present)		38 Representation	
12 TIN - - - - - 0.00		39 Transportation	
13 Employer's Name		40 Cost of Living Allowance (COLA)	
14 Registered Address 0 0 3 9 4 3 2 1 3 0 0 0		41 Fixed Housing Allowance	
15 Type of Employer <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer		42 Others (specify)	
Part III - Employer Information (Previous)		42A 0.00	
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City - - - - - 1 3 0 0		42B 37,654.96	
17 Employer's Name		SUPPLEMENTARY	
18 Registered Address		43 Service Allowance	
18A ZIP Code		44 Profit Sharing	
Part IVA - Summary		45 Fees Including Director's Fees	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		46 Taxable 13th Month Benefits	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		47 Hazard Pay	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		48 Overtime Pay	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		49 Others (specify)	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		49A 65,436.40	
24 Tax Due		49B 0.00	
25 Amount of Taxes Withheld		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	
25A Present Employer		0.00	
25B Previous Employer, if applicable			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)			

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 business purposes.

51 ANTONIO CABIJE Present Employer/Authorized Agent Signature over Printed Name		Date Signed	
CONFORME: GARCES, JOCELYN SERIO			
52 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 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		54 Employee Signature over Printed Name	