



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation  
Payment/Tax Withheld

For Compensation Payment With 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 1 7 9 5 8 1 5 7 0	2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 0 0 0
<b>Part I - Employee Information</b>	
3 TIN GARCES, JOCELYN SERIO - - - - - 0 5 1	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG 1 6 3 3	
6 Registered Address 6A ZIP Code	
6B Local Home Address 6C ZIP Code	
6D Foreign Address 0 6 3 0 1 9 7 3	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	
9 Statutory Minimum Wage rate per day	
10 Statutory Minimum Wage rate per month	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	
<b>Part II - Employer Information (Present)</b>	
12 TIN - - - - - 0 0 0	
13 Employer's Name	
14 Registered Address 0 0 3 9 4 3 2 1 3 14A ZIP Code 0 0 0	
15 Type of Employer <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer	
<b>Part III - Employer Information (Previous)</b>	
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City - - - - - 1 3 0 0	
17 Employer's Name	
18 Registered Address 18A ZIP Code	
<b>Part IV A - Summary</b>	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 535,323.66	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 128,350.58	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 406,973.08	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00	
24 Tax Due 0.00	
25 Amount of Taxes Withheld 406,973.08	
25A Present Employer 31,743.27	
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 44,013.08	
<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>	
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount 0.00	
27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
28 Holiday Pay (MWE) 0.00	
29 Overtime Pay (MWE) 0.00	
30 Night Shift Differential (MWE) 0.00	
31 Hazard Pay (MWE) 90,000.00	
32 13th Month Pay and Other Benefits (maximum of P90,000) 25,775.72	
33 De Minimis Benefits 12,574.86	
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
35 Salaries and Other Forms of Compensation	
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 0.00	
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b> 128,350.58	
37 Basic Salary	
38 Representation 297,959.45	
39 Transportation 0.00	
40 Cost of Living Allowance (COLA) 0.00	
41 Fixed Housing Allowance 3,876.27	
42 Others (specify) 42A 0.00	
42B 37,654.96	
<b>TEMPORARY SUPPLEMENTARY SERVICE ALLOWANCE</b>	
43 Commission 0.00	
44 Profit Sharing 0.00	
45 Fees Including Director's Fees 0.00	
46 Taxable 13th Month Benefits 0.00	
47 Hazard Pay 2,046.00	
48 Overtime Pay 0.00	
49 Others (specify) 49A 65,436.40	
49B 0.00	
50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 0.00	

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 MA RITA CARMEN 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	Place of Issue
Amount paid, if CTC	
Date Signed	
<b>To be accomplished under substituted filing</b>	
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.	
53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	
54 Employee Signature over Printed Name	