



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		2 For the Period From (MM/DD) 0   1   0   1 To (MM/DD) 0   0   0   0	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 1   7   9   -   5   8   1   -   5   7   0   -		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) GARCES, JOCELYN SERIO		5 RDO Code 0   5   1	
6 Registered Address BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		6A ZIP Code 1   6   3   3	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) 0   6   3   0   1   9   7   3		8 Contact Number	
9 Statutory Minimum Wage rate per day		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
10 Statutory Minimum Wage rate per month 0.00		28 Holiday Pay (MWE) 0.00	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		29 Overtime Pay (MWE) 0.00	
Part II - Employer Information (Present)		30 Night Shift Differential (MWE) 0.00	
12 TIN 0   0   3   -   9   4   3   -   2   1   3   -   0   0   0		31 Hazard Pay (MWE) 0.00	
13 Employer's Name Abraham Holdings, Inc.		32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
14 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City		33 De Minimis Benefits 25,775.72	
14A ZIP Code 1   3   0   0		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		35 Salaries and Other Forms of Compensation 0.00	
Part III - Employer Information (Previous)		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 128,350.58	
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR 297,959.45	
17 Employer's Name		37 Basic Salary 0.00	
18 Registered Address		38 Representation 0.00	
18A ZIP Code		39 Transportation 3,876.27	
Part IVA - Summary		40 Cost of Living Allowance (COLA) 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 535,323.66		41 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 128,350.58		42 Others (specify) 37,654.96	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 406,973.08		42A Tempo Allowance	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		42B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08		SUPPLEMENTARY	
24 Tax Due 31,743.27		43 Service Allowance 0.00	
25 Amount of Taxes Withheld		44 Profit Sharing 0.00	
25A Present Employer 44,013.08		45 Fees Including Director's Fees 0.00	
25B Previous Employer, if applicable 0.00		46 Taxable 13th Month Benefits 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) -12,269.81		47 Hazard Pay 2,046.00	
		48 Overtime Pay	
		49 Others (specify) 0.00	
		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 personal data as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful 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
	Date Signed
	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
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