



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 0 6 3 0 1 9 7 3		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		5 RDO Code 1 6 3 3	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		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	
Part II - Employer Information (Present)		12 TIN 0 0 3 9 4 3 2 1 3	
13 Employer's Name Abraham Holdings, Inc.		14 Registered Address 0 0 3 9 4 3 2 1 3	
15 Type of Employer <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer		16 TIN 7 7 0 E. Rodriguez Ext., Malibay, Pasay City	
Part III - Employer Information (Previous)		17 Employer's Name	
18 Registered Address		18A ZIP Code	
Part IVA - Summary		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)		21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	
24 Tax Due		25 Amount of Taxes Withheld	
25A Present Employer		25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
		28 Holiday Pay (MWE)	
		29 Overtime Pay (MWE)	
		30 Night Shift Differential (MWE)	
		31 Hazard Pay (MWE)	
		32 13th Month Pay and Other Benefits (maximum of P90,000)	
		33 De Minimis Benefits	
		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)	
		B. TAXABLE COMPENSATION INCOME REGULAR	
		37 Basic Salary	
		38 Representation	
		39 Transportation	
		40 Cost of Living Allowance (COLA)	
		41 Fixed Housing Allowance	
		42 Others (specify)	
		42A	
		42B	
		43 Commission	
		44 Profit Sharing	
		45 Fees Including Director's Fees	
		46 Taxable 13th Month Benefits	
		47 Hazard Pay	
		48 Overtime Pay	
		49 Others (specify)	
		49A	
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	

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
	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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