



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	
3 TIN 1 7 9 5 8 4 5 7 0 0 5	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
4 Employee's Name (Last Name, First Name, Middle Name) GARCES, JOCELYN SERIO	5 RDO Code 1 6 3 3
6 Registered Address BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG	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	
Part II - Employer Information (Present)	
12 TIN - - - - -	13 Employer's Name 0.00
14 Registered Address 0 0 3 9 4 3 2 1 3 0 0 0	14A ZIP Code
15 Type of Employer <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer	
Part III - Employer Information (Previous)	
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City	17 Employer's Name 1 3 0 0
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)	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	
25A Present Employer	406,973.08
25B Previous Employer, if applicable	31,743.27
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	44,013.08
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	Amount 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)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	90,000.00
33 De Minimis Benefits	25,775.72
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,574.86
35 Salaries and Other Forms of Compensation	
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	0.00
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	128,350.58
38 Representation	
39 Transportation	297,959.45
40 Cost of Living Allowance (COLA)	0.00
41 Fixed Housing Allowance	0.00
42 Others (specify)	3,876.27
42A	0.00
42B	
43 Commission	37,654.96
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)	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 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	
To be accomplished under substituted filing	
53 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. MA RITA CARMEN Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer on the BIR shall serve as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. Employee Signature over Printed Name