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| DLN:  |  | BIR Form No.   |  |
|  <div>Republika ng Pilipinas<br/>Kagawaran ng Pananalapi<br/>Kawanihan ng Rentas Internas</div>   |  | Certificate of Compensation<br>Payment/Tax Withheld  |  |
| For Compensation Payment With or Without Tax Withheld   |  | 2316<br>July 2008 (ENCS)   |  |
| Fill in all applicable spaces. Mark all appropriate boxes with an "X"   |  |  |  |
| 1 For the Year (YYYY) 2016  |  | 2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31   |  |
| Part I Employee Information   |  | Part IV-B Details of Compensation Income and Tax Withheld from Present Employer  |  |
| 3 Taxpayer Identification No. 310 272 246 0000  |  | Amount   |  |
| 4 Employee's Name (Last Name, First Name, Middle Name) ELLORAN, JENNIE EXALTADO   |  | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME  |  |
| 5 RDO Code 081  |  | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32   |  |
| 6 Registered Address 1330, CLAVANO ST., CAPITOL HILLS, CEBU CITY  |  | 33 Holiday Pay (MWE) 33  |  |
| 6A Zip Code 6000  |  | 34 Overtime Pay (MWE) 34   |  |
| 6B Local Home Address   |  | 35 Night Shift Differential (MWE) 35   |  |
| 6C Zip Code   |  | 36 Hazard Pay (MWE) 36   |  |
| 6D Foreign Address  |  | 37 13th Month Pay and Other Benefits 37 12,553.94  |  |
| 6E Zip Code   |  | 38 De Minimis Benefits 38 26,250.00  |  |
| 7 Date of Birth (MM/DD/YYYY) 02 22 1990   |  | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20  |  |
| 8 Telephone Number  |  | 40 Salaries & Other Forms of Compensation 40 2,654.58  |  |
| 9 Exemption Status  |  | 41 Total Non-Taxable/Exempt Compensation Income 41 50,628.72   |  |
| 9A Is the wife claiming the additional exemption for qualified dependent children?  |  | B. TAXABLE COMPENSATION INCOME REGULAR   |  |
| 10 Name of Qualified Dependent Children   |  | 42 Basic Salary 42 141,477.05  |  |
| 11 Date of Birth (MM/DD/YYYY)   |  | 43 Representation 43   |  |
| 12 Statutory Minimum Wage rate per day 12   |  | 44 Transportation 44   |  |
| 13 Statutory Minimum Wage rate per month 13   |  | 45 Cost of Living Allowance 45   |  |
| 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax  |  | 46 Fixed Housing Allowance 46  |  |
| Part II Employer Information (Present)  |  | 47 Others (Specify) 47A 1,101.99   |  |
| 15 Taxpayer Identification No. 423 687 498 0000   |  | 47B  |  |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),   |  | SUPPLEMENTARY  |  |
| 17 Registered Address SALINAS DRIVE LAHUG CEBU CITY   |  | 48 Commission 48   |  |
| 17A Zip Code 6000   |  | 49 Profit Sharing 49   |  |
| Main Employer Secondary Employer  |  | 50 Fees Including Director's Fees 50   |  |
| Part III Employer Information (Previous)  |  | 51 Taxable 13th Month Pay and Other Benefits 51 0.00   |  |
| 18 Taxpayer Identification No.  |  | 52 Hazard Pay 52   |  |
| 19 Employer's Name  |  | 53 Overtime Pay 53   |  |
| 20 Registered Address   |  | 54 Others (Specify) 54A 54B  |  |
| 20A Zip Code  |  | 55 Total Taxable Compensation Income 55 142,579.04   |  |
| Part IV-A Summary   |  |  |  |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 193,207.76   |  |  |  |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 50,628.72  |  |  |  |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 142,579.04  |  |  |  |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00  |  |  |  |
| 25 Gross Taxable Compensation Income 25 142,579.04  |  |  |  |
| 26 Less: Total Exemptions 26 50,000.00  |  |  |  |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00   |  |  |  |
| 28 Net Taxable Compensation Income 28 92,579.04   |  |  |  |
| 29 Tax Due 29 13,015.81   |  |  |  |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 14,953.28  |  |  |  |
| 30B Previous Employer 30B 0.00  |  |  |  |
| 31 Total Amount of Taxes Withheld As adjusted 31 14,953.28  |  |  |  |
| We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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. |  |  |  |
| 56 Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name  |  | Date Signed  |  |
| CONFORME: Jennie Elloran  |  | Date Signed  |  |
| CTC No. Employee Signature Over Printed Name  |  | Date of Issue  |  |
| of Employee Place of Issue  |  | Amount Paid  |  |
| To be accomplished under substituted filing   |  |  |  |
| I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.  |  | I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RR No. 3-2002, as amended. |  |
| 58 Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)  |  | 59 Jennie Elloran Employee Signature Over Printed Name   |  |