


DLN:		BIR Form No.	
 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		Certificate of Compensation Payment/Tax Withheld	
For Compensation Payment With or Without Tax Withheld		2316 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. 442 926 335 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code JORGE, SEIGFRED VILLACORTA 081		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
6 Registered Address 6A Zip Code CLARITA VILLAGE, PUNTA PRINCESSA, LABANGON 6000		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6B Local Home Address 6C Zip Code		33 Holiday Pay (MWE) 33	
6D Foreign Address 6E Zip Code		34 Overtime Pay (MWE) 34	
7 Date of Birth (MM/DD/YYYY) 04 14 1991 8 Telephone Number		35 Night Shift Differential (MWE) 35	
9 Exemption Status Single Married		36 Hazard Pay (MWE) 36	
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No		37 13th Month Pay and Other Benefits 37 15,528.08	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		38 De Minimis Benefits 38 26,250.00	
12 Statutory Minimum Wage rate per day 12		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,744.30	
13 Statutory Minimum Wage rate per month 13		40 Salaries & Other Forms of Compensation 40 12,750.68	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		41 Total Non-Taxable/Exempt Compensation Income 41 64,273.06	
Part II Employer Information (Present)		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Taxpayer Identification No. 423 687 498 0000		42 Basic Salary 42 176,592.68	
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),		43 Representation 43	
17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 6000		44 Transportation 44	
Main Employer Secondary Employer		45 Cost of Living Allowance 45	
Part III Employer Information (Previous)		46 Fixed Housing Allowance 46	
18 Taxpayer Identification No.		47 Others (Specify) 47A 13,848.44	
19 Employer's Name		47B	
20 Registered Address 20A Zip Code		SUPPLEMENTARY	
Part IV-A Summary		48 Commission 48	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 254,714.18		49 Profit Sharing 49	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 64,273.06		50 Fees Including Director's Fees 50	
23 Taxable Compensation Income from Present Employer (Item 55) 23 190,441.12		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		52 Hazard Pay 52	
25 Gross Taxable Compensation Income 25 190,441.12		53 Overtime Pay 53	
26 Less: Total Exemptions 26 50,000.00		54 Others (Specify) 54A 54B	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		55 Total Taxable Compensation Income 55 190,441.12	
28 Net Taxable Compensation Income 28 140,441.12			
29 Tax Due 29 22,610.28			
30 Amount of Taxes Withheld 30A Present Employer 30A 25,736.04			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 25,736.04			
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: 57 Seigfred Jorge Employee Signature Over Printed Name		Date Signed	
CTC No. of Employee Place of Issue		Date 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 Seigfred Jorge Employee Signature Over Printed Name	