				BIR Form No.
Republika ng Pilipinas Kagawaran ng Pananalapi	Certificat	e of Compensa ent/Tax Withhel	ıtion	
Kawanihan ng Rentas Internas	Payme	nt/Tax Withhel	Н	2316
For Compensation Payment With or Without		one rax vitalino	a	July 2008 (ENCS)
ill in all applicable spaces. Mark all appropria				July 2000 (2.1100)
For the Year 2016		2 For the Period 0	1 01	Ta (MM/DD) 12 31
Part I Employee Information		From (MIM/DD)		To (MM/DD)
Taypayer	447 0000	Part 14-B Betails of Compensati	on income and	Amount
Identification No. ► 265 360	417 0000	A. NON-TAXABLE/EXEMPT CO	MPENSATI	ON INCOME
Employee's Name (Last Name, First Name, Middle		32 Basic Salary/	32	
QUILANTANG, JOANA MARIE PILA	081	Statutory Minimum Wage		
Registered Address	6A Zip Code	Minimum Wage Earner (MWE)		
38 A.B ARANAS EXT. N. BACALSO AVENUE		33 Holiday Pay (MWE)	33	
B Local Home Address	6C Zip Code	34 Overtime Pay (MWE)	34	
		overtime ray (www.)		
D Foreign Address	6E Zip Code	35 Night Shift Differential (MWE)	35	
' Date of Birth (MM/DD/YYYY) 8 Tele	phone Number	36 Hazard Pay (MWE)	36	
11 91 1301		37 13th Month Pay	37	12,166.44
Exemption Status Single Ma	arried	and Other Benefits		12,100.44
IA Is the wife claiming the additional exemp <u>tion fo</u> r qua		38 De Minimis Benefits	38	26,250.00
Yes No				20,230.00
Name of Qualified Dependent Children 11	Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig	39	
		Contributions, & Union Dues		9,170.20
		(Employee share only)		
		40 Salaries & Other Forms of	40	31,869.59
2 Statutory Minimum Wage rate per day 12		Compensation		31,009.39
3 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt	41	79,456.23
4 Minimum Wage Earner whose compensate	tion is even nt from	Compensation Income		79,430.23
withholding tax and not subject to income tax		B. TAXABLE COMPENSATION	INCOME	
Part II Employer Information (Present		REGULAR		
Identification No.	498 0000	42 Basic Salary	42	136,827.06
6 Employer's Name TATE PUBLISHING AND ENTERPRISE	SES (PHII IPPINES)	42 Denves entetion	43	
1		43 Representation		
7 Registered Address SALINAS DRIVE LAHUG CEBU CITY	17A Zip Code Y 6000	44 Transportation	44	
Main Employer Secondary	Employer	45 Cost of Living Allowance	45	
		45 Cost of Living Allowance	45	
Part III Employer Information (Prev 8 Taxpayer		45 Cost of Living Allowance46 Fixed Housing Allowance	45	
Part III Employer Information (Prev 8 Taxpayer Identification No.		46 Fixed Housing Allowance47 Others (Specify)	46	
Part III Employer Information (Prev 8 Taxpayer Identification No.		46 Fixed Housing Allowance		1,331.30
8 Taxpayer Identification No. 9 Employer's Name		46 Fixed Housing Allowance47 Others (Specify)	46	1,331.30
8 Taxpayer Identification No. 9 Employer's Name	rious)	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B	46 47A	1,331.30
8 Taxpayer Identification No. 9 Employer's Name O Registered Address Part IV-A Employer Information (Previous Information (Previo	20A Zip Code	46 Fixed Housing Allowance 47 Others (Specify) 47A	46 47A	1,331.30
8 Taxpayer Identification No. 9 Employer's Name O Registered Address Part IV-A 1 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	rious)	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission	46 47A 47B	1,331.30
Part III Employer Information (Prevalent III) 8 Taxpayer Identification No. 9 Employer's Name Part IV-A Summary 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/Exempt (Item 41)	20A Zip Code	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY	46 47A 47B	1,331.30
Part III Employer Information (Previous Registered Address Part IV-A Summary 11 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 12 Less: Total Non-Taxable/Exempt (Item 41) 13 Taxable Compensation Income 24 Taxable Compensation Income 25 Taxable Compensation Income 26 Taxable Compensation Income 27 Taxable Compensation Income 28 Taxable Compensation Income 29 Taxable Compensation Income 20 Taxable Compensation Income 20 Taxable Compensation Income 21 Taxable Compensation Income 22 Taxable Compensation Income 23 Taxable Compensation Income	20A Zip Code 217,614.59 79,456.23	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing	46 47A 47E 48	1,331.30
Part III Employer Information (Previous Temployer Information	20A Zip Code 217,614.59 79,456.23	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing	46 47A 47B 48 49	1,331.30
Part III Employer Information (Previous 8 Taxpayer Identification No. 9 Employer's Name O Registered Address O Registered Address	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	46 47A 47B 48 49	1,331.30
Part III Employer Information (Previous Temployer IIII Employer Information (Previous Temployer IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	46 47A 47B 48 49 50 51	
Part III Employer Information (Prevalent IIII Employer Information (Prevalent IIII IIIII IIIIIIIIIIIIIIIIIIIIIIIII	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	46 47A 47E 48 49 50	
Part III Employer Information (Previous Taxpayer Identification No. 9 Employer's Name O Registered Address	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav	46 47A 47E 48 49 50 51 52	
Part III Employer Information (Previous Rapayer Identification No. 9 Employer's Name O Registered Address Part IV-A Summary 11 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 12 Less: Total Non-Taxable/Exempt (Item 41) 13 Taxable Compensation Income from Present Employer (Item 55) 14 Add: Taxable Compensation Income from Previous Employer 15 Gross Taxable Compensation Income 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay	46 47A 47B 48 49 50 51	
Rart III Employer Information (Prevalent IIII Employer Information (Prevalent IIII IIIII IIIIIIIIIIIIIIIIIIIIIIIII	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav	46 47A 47B 48 49 50 51 52 53	
Part III Employer Information (Previous Rapayer Identification No. 9 Employer's Name O Registered Address Part IV-A Summary 11 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 12 Less: Total Non-Taxable/Exempt (Item 41) 13 Taxable Compensation Income from Present Employer (Item 55) 14 Add: Taxable Compensation Income from Previous Employer 15 Gross Taxable Compensation Income 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay	46 47A 47E 48 49 50 51 52	
Part III Employer Information (Previous Temployer Information Income Information Income Information Income	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify)	46 47A 47B 48 49 50 51 52 53	
Part III Employer Information (Previous Employer's Name Part IV-A Summary Part IV-A Summary Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer For Gross Taxable Compensation Income from Previous Employer For Gross Taxable Compensation Income For Less: Premium Paid on Health and/or Hospital Insurance (If applicable) Net Taxable Compensation Income Tax Due 29 Amount of Taxes Withheld 30A Present Employer 30A 30B Previous Employer 30B	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify)	46 47A 47B 48 49 50 51 52 53	0.00
Part III Employer Information (Previous Rapayer Identification No. 9 Employer's Name O Registered Address O	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income	46 47A 47E 48 49 50 51 52 53 54A 54E 55	0.00
Rart III Employer Information (Prevalent IIII Employer Information (Prevalent IIII IIIII IIIIIIIIIIIIIIIIIIIIIIIII	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13 certificate has been made in good facue Code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code, as amended, and the regular code of the code of	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our lations issued under authority thereof.	46 47A 47E 48 49 50 51 52 53 54A 54E 55	0.00
Rart III Employer Information (Previous Rapayer Identification No. 9 Employer's Name 10 Registered Address 11 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 12 Less: Total Non-Taxable/Exempt (Item 41) 13 Taxable Compensation Income from Present Employer (Item 55) 14 Add: Taxable Compensation Income from Present Employer (Item 55) 15 Gross Taxable Compensation Income from Previous Employer 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income 19 Tax Due 10 Amount of Taxes Withheld 11 Total Amount of Taxes Withheld 12 As adjusted 13 Total Amount of Taxes Withheld 24 Add: Taxable Compensation Income 25 Dana Rose T. Bart Present Employer/ Authorized Agent Signature	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13 certificate has been made in good face to code, as amended, and the regulation	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our	46 47A 47E 48 49 50 51 52 53 54A 54E 55	0.00
Rart III Employer Information (Previous Rapayer Identification No. 9 Employer's Name OR Registered Address OR OR Registered Address OR OR Registered Address OR OR Registered Address OR Registered Address OR Registered Addr	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13 certificate has been made in good face Code, as amended, and the regululin Over Printed Name	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our lations issued under authority thereof.	46 47A 47E 48 49 50 51 52 53 54A 54E 55	0.00 138,158.36 Indicate the second content of the second conten
Rart III Employer Information (Previous Rapayer Identification No. 9 Employer's Name 10 Registered Address 11 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 12 Less: Total Non-Taxable/Exempt (Item 41) 13 Taxable Compensation Income from Present Employer (Item 55) 14 Add: Taxable Compensation Income Income from Previous Employer 15 Gross Taxable Compensation Income Income from Previous Employer 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income 19 Tax Due 20 Amount of Taxes Withheld 30A Present Employer 30B 30B Previous Employer 30B 31 Total Amount of Taxes Withheld 31 As adjusted We declare, under the penalties of perjury, that this or pursuant to the provisions of the National Internal Revent Employer/ Authorized Agent Signature CONFORME:	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13 certificate has been made in good factor Code, as amended, and the regulation Over Printed Name tang ed Name	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our lations issued under authority thereof. Date Signed	46 47A 47E 48 49 50 51 52 53 54A 54E 55	0.00
Rart III Employer Information (Previous Rapayer Identification No. 9 Employer's Name Part IV-A Summary 11 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 12 Less: Total Non-Taxable/Exempt (Item 41) 13 Taxable Compensation Income from Present Employer (Item 55) 14 Add: Taxable Compensation Income from Previous Employer 15 Gross Taxable Compensation Income 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income 19 Tax Due 10 Amount of Taxes Withheld 30A Present Employer 30B 30B Previous Employer 30B 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of perjury, that this operation in the pursuant to the provisions of the National Internal Revenus for Diana Rose T. Bart Present Employer/Authorized Agent Signature CONFORME: 57 Joana Marie Quilant Employee Signature Over Print	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13 certificate has been made in good factor and the regulution Over Printed Name tang ed Name tang ed Name ee	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our lations issued under authority thereof. Date Signed Date of Issue	46 47A 47E 48 49 50 51 52 53 54A 54E 55	0.00 138,158.36 Indicate the second content of the second conten
Rart III Employer Information (Previous Rapayer Identification No. 9 Employer's Name O Registered Address O	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13 certificate has been made in good faue Code, as amended, and the regululin Over Printed Name tang ed Name te le To be accomplished un ion herein stated are reported	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our lations issued under authority thereof. Date Signed Date of Issue der substituted filling I declare, under the penalties of perjury	46 47A 47B 48 49 50 51 52 53 54A 54B 55 knowledge ar	0.00 138,158.36 Indicate the second
Rart III Employer Information (Previous IIII) 8 Taxpayer Identification No. 9 Employer's Name 10 Registered Address 11 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 12 Less: Total Non-Taxable/Exempt (Item 41) 13 Taxable Compensation Income from Present Employer (Item 55) 14 Add: Taxable Compensation Income from Previous Employer 15 Gross Taxable Compensation Income (Item 55) 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income 19 Tax Due 10 Amount of Taxes Withheld 10 Amount of Taxes Withheld 11 Total Amount of Taxes Withheld 12 As adjusted We declare, under the penalties of perjury, that this opursuant to the provisions of the National Internal Reven Diana Rose T. Bart Present Employer/Authorized Agent Signature CONFORME: 1 Joana Marie Quilant CTC No. Employee Signature Over Print of Employee 1 I declare, under the penalties of perjury, that the informatiunder BIR Form No. 1604CF which has been filed with the B	20A Zip Code	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our lations issued under authority thereof. Date Signed Date of Issue Ger substituted filing I declare, under the penalties of perjury Income Tax Returns(BIR Form No. 170 from only one employer in the Phils.	46 47A 47B 48 49 50 51 52 53 54A 54B 55 knowledge ar that I am qual 10), since I recufor the calen	0.00 138,158.36 Individual belief, is true and correct Amount Paid Iffied under substituted filing of eived purely compensation income dar year; that taxes have been
Rart III Employer Information (Previous Rapayer Identification No. 9 Employer's Name OR Registered Address OR R	20A Zip Code 217,614.59 79,456.23 138,158.36 0.00 138,158.36 50,000.00 0.00 88,158.36 12,131.67 14,069.13 0.00 14,069.13 certificate has been made in good faue Code, as amended, and the regululin Over Printed Name tang ed Name ten Stated are reported fureau of Internal Revenue. To be accomplished union herein stated are reported fureau of Internal Revenue.	46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income aith, verified by us, and to the best of our lations issued under authority thereof. Date Signed Date of Issue der substituted filling I declare, under the penalties of perjury Income Tax Returns (BIR Form No. 170	46 47A 47B 48 49 50 51 52 53 54A 54B 55 r knowledge ard and all one of the cale of the cale of the end of the end of the end of the eduals tax the BIR shall contain the BIR shall contain the end of	0.00 138,158.36 Indicate the substituted filing of elived purely compensation income dar year; that taxes have been withheld); that the BIR Form constitute as my income tax return;