DLN: Certificate of Compensation Payment/Tax Withheld Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For Compensation Payment With or Without Tax Withheld ill in all applicable spaces. Mark all appropriate boxes with an "X For the Period 07 11 12 31 2016 (YYYY) From (MM/DD) Details of Compensation Income and Tax Withheld from Present Employer Part I **Employee Information** 3 Taxpayer Amount ▶ 326 546 221 0000 NON-TAXABLE/EXEMPT COMPENSATION INCOME Identification No. 5 RDO Code 4 Employee's Name (Last Name, First Name, Middle Name) 32 Basic Salary/ MONARES, JETRHO 081 Statutory Minimum Wage Minimum Wage Earner (MWE) 6A Zip Code 6 Registered Address **NIVEL HILLS, LAHUG, CEBU CITY, CEBU** 33 Holiday Pay (MWE) 33 **6B** Local Home Address 6C Zip Code 34 Overtime Pay (MWE) 34 6D Foreign Address **6E** Zip Code 35 Night Shift Differential (MWE) 36 Hazard Pay (MWE) Date of Birth (MM/DD/YYYY) 8 Telephone Number 36 10 06 1995 13th Month Pay 37 4,021.12 and Other Benefits 9 Exemption Status Single Married **9A** Is the wife claiming the additional exemption for qualified dependent children? 38 De Minimis Benefits 38 10.000.00 Yes No 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) 39 SSS, GSIS, PHIC & Pag-ibig 39 2,816.80 Contributions, & Union Dues (Employee share only) 40 Salaries & Other Forms of Compensation 40 0.00 12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per month Total Non-Taxable/Exempt 41 16,837.92 Compensation Income Minimum Wage Earner whose compensation is exempt from TAXABLE COMPENSATION INCOME withholding tax and not subject to income tax **Employer Information (Present) REGULAR** 15 Taxpaver 423 687 498 45.436.62 42 Basic Salary 42 Identification No. **16** Emplover's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), **13** Representation 17 Registered Address 44 Transportation SALINAS DRIVE LAHUG CEBU CITY 6000 Main Employer Secondary Employer 45 Cost of Living Allowance 45 **Employer Information (Previous) 18** Taxpayer 46 Fixed Housing Allowance 46 Identification No. 7 Others (Specify) 19 Employer's Name 47 780.83 20 Registered Address 20A Zip Code 47E SUPPLEMENTARY 18 Commission Part IV-A 48 Summary Gross Compensation Income from 63,055.37 Present Employer (Item 41 plus Item 55)

22 Less: Total Non-Taxable/ 22 19 Profit Sharing 16,837.92 Exempt (Item 41) Taxable Compensation Income 23 46,217.45 from Present Employer (Item 55)
Add: Taxable Compensation
Income from Previous Employer 50 Fees Including Director's 50 24 0.00 Gross Taxable
Compensation Income Taxable 13th Month Pay and Other Benefits 25 51 0.00 46,217.45 26 Less: Total Exemptions 26 50,000.00 52 Hazard Pav 52 27 Less: Premium Paid on Health 27 0.00 28 Net Taxable 28 53 Overtime Pay 53 0.00 Compensation Income 29 Tax Due 29 **54** Others (Specify) 0.00 Amount of Taxes Withheld **30A** Present Employer 544 4,076.82 0.00 30B Previous Employer 30B 55 Total Taxable Compensation 46.217.45 31 Total Amount of Taxes Withheld 31 4,076.82 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

Date Signed 56 _____ Present Employer/ CONFORME: **Jetrho Monares** Date Signed Employee Signature Over Printe CTC No. **Amount Paid** Place of Issue of Employee Date of Issue To be accomplished u 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 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 correctly withheld by my employer (tax due equals tax withheld); that the BIR Form Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name

(Head of Accounting/ Human Resource or Authorized Representative)

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 nad been filed pursuant to the provisions of RR No. 3-2002, as amended.