


|   |  |   |  |  |  |
|---|--|---|--|--|--|
|  <div>Republika ng Pilipinas<br/>Kagawaran ng Pananalapi<br/>Kawanihan ng Rentas Internas</div>   |  | <div>Certificate of Compensation<br/>Payment/Tax Withheld</div> |  | <div>BIR Form No.<br/><b>2316</b><br/>July 2008 (ENCS)</div> |  |
| For Compensation Payment With or Without Tax Withheld   |  |   |  |  |  |
| Fill in all applicable spaces. Mark all appropriate boxes with an "X"   |  |   |  |  |  |
| 1 For the Year (YYYY) <b>2016</b>   |  |   | 2 For the Period From (MM/DD) <b>01 01</b> To (MM/DD) <b>12 31</b>   |  |  |
| Part I Employee Information   |  |   | Part IV-B Details of Compensation Income and Tax Withheld from Present Employer  |  |  |
| 3 Taxpayer Identification No. <b>427 432 760 0000</b>   |  |   | Amount   |  |  |
| 4 Employee's Name (Last Name, First Name, Middle Name) <b>RAFOLS, JOSHUA DURAY</b>  |  |   | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME  |  |  |
| 5 RDO Code <b>081</b>   |  |   | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) <b>32</b>  |  |  |
| 6 Registered Address <b>GROUND FLOOR, P.Y. CHUA BLDG, JUNQUERA ST. CEBU CITY, PHILIPPINES</b>   |  |   | 33 Holiday Pay (MWE) <b>33</b>   |  |  |
| 6A Zip Code   |  |   | 34 Overtime Pay (MWE) <b>34</b>  |  |  |
| 6B Local Home Address   |  |   | 35 Night Shift Differential (MWE) <b>35</b>  |  |  |
| 6C Zip Code   |  |   | 36 Hazard Pay (MWE) <b>36</b>  |  |  |
| 6D Foreign Address  |  |   | 37 13th Month Pay and Other Benefits <b>37 13,302.40</b>   |  |  |
| 6E Zip Code   |  |   | 38 De Minimis Benefits <b>38 26,250.00</b>   |  |  |
| 7 Date of Birth (MM/DD/YYYY) <b>05 28 1990</b>  |  |   | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) <b>39 9,170.20</b>   |  |  |
| 8 Telephone Number  |  |   | 40 Salaries & Other Forms of Compensation <b>40 200.00</b>   |  |  |
| 9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married   |  |   | 41 Total Non-Taxable/Exempt Compensation Income <b>41 48,922.60</b>  |  |  |
| 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   | B. TAXABLE COMPENSATION INCOME REGULAR   |  |  |
| 10 Name of Qualified Dependent Children   |  |   | 42 Basic Salary <b>42 150,458.55</b>   |  |  |
| 11 Date of Birth (MM/DD/YYYY)   |  |   | 43 Representation <b>43</b>  |  |  |
|   |  |   | 44 Transportation <b>44</b>  |  |  |
|   |  |   | 45 Cost of Living Allowance <b>45</b>  |  |  |
|   |  |   | 46 Fixed Housing Allowance <b>46</b>   |  |  |
| 12 Statutory Minimum Wage rate per day <b>12</b>  |  |   | 47 Others (Specify)  |  |  |
| 13 Statutory Minimum Wage rate per month <b>13</b>  |  |   | 47A <b>47A 9,605.10</b>  |  |  |
| 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax   |  |   | 47B <b>47B</b>   |  |  |
| Part II Employer Information (Present)  |  |   | SUPPLEMENTARY  |  |  |
| 15 Taxpayer Identification No. <b>423 687 498 0000</b>  |  |   | 48 Commission <b>48</b>  |  |  |
| 16 Employer's Name <b>TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),</b>  |  |   | 49 Profit Sharing <b>49</b>  |  |  |
| 17 Registered Address <b>SALINAS DRIVE LAHUG CEBU CITY</b>  |  |   | 50 Fees Including Director's Fees <b>50</b>  |  |  |
| 17A Zip Code <b>6000</b>  |  |   | 51 Taxable 13th Month Pay and Other Benefits <b>51 0.00</b>  |  |  |
| <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer  |  |   | 52 Hazard Pay <b>52</b>  |  |  |
| Part III Employer Information (Previous)  |  |   | 53 Overtime Pay <b>53</b>  |  |  |
| 18 Taxpayer Identification No.  |  |   | 54 Others (Specify)  |  |  |
| 19 Employer's Name  |  |   | 54A <b>54A</b>   |  |  |
| 20 Registered Address   |  |   | 54B <b>54B</b>   |  |  |
| 20A Zip Code  |  |   | 55 Total Taxable Compensation Income <b>55 160,063.65</b>  |  |  |
| Part IV-A Summary   |  |   |  |  |  |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) <b>21 208,986.25</b>  |  |   |  |  |  |
| 22 Less: Total Non-Taxable/Exempt (Item 41) <b>22 48,922.60</b>   |  |   |  |  |  |
| 23 Taxable Compensation Income from Present Employer (Item 55) <b>23 160,063.65</b>   |  |   |  |  |  |
| 24 Add: Taxable Compensation Income from Previous Employer <b>24 0.00</b>   |  |   |  |  |  |
| 25 Gross Taxable Compensation Income <b>25 160,063.65</b>   |  |   |  |  |  |
| 26 Less: Total Exemptions <b>26 50,000.00</b>   |  |   |  |  |  |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) <b>27 0.00</b>  |  |   |  |  |  |
| 28 Net Taxable Compensation Income <b>28 110,063.65</b>   |  |   |  |  |  |
| 29 Tax Due <b>29 16,512.73</b>  |  |   |  |  |  |
| 30 Amount of Taxes Withheld   |  |   |  |  |  |
| 30A Present Employer <b>30A 18,450.19</b>   |  |   |  |  |  |
| 30B Previous Employer <b>30B 0.00</b>   |  |   |  |  |  |
| 31 Total Amount of Taxes Withheld As adjusted <b>31 18,450.19</b>   |  |   |  |  |  |
| 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 <b>Diana Rose T. Bartulin</b><br>Present Employer/ Authorized Agent Signature Over Printed Name  |  |   | Date Signed  |  |  |
| CONFORME: <b>Joshua Rafols</b><br>CTC No. Employee Signature Over Printed Name  |  |   | Date Signed  |  |  |
| 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 <b>Diana Rose T. Bartulin</b><br>Present Employer/ Authorized Agent Signature Over Printed Name<br>(Head of Accounting/ Human Resource or Authorized Representative)   |  |   | 59 <b>Joshua Rafols</b><br>Employee Signature Over Printed Name  |  |  |