

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Certificate of Compensation Payment/Tax Withheld</div>		<div>BIR Form No. <b>2316</b> 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>436 246 084 0000</b>			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) <b>OPURA, VAN KEVIN STA. CRUZ</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>253-BB D. JAKOSALEM ST., CEBU CITY</b>			6A Zip Code		
6B Local Home Address			6C Zip Code		
6D Foreign Address			6E Zip Code		
7 Date of Birth (MM/DD/YYYY) <b>06 04 1992</b>			8 Telephone Number		
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married			33 Holiday Pay (MWE) <b>33</b>		
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No			34 Overtime Pay (MWE) <b>34</b>		
10 Name of Qualified Dependent Children			35 Night Shift Differential (MWE) <b>35</b>		
11 Date of Birth (MM/DD/YYYY)			36 Hazard Pay (MWE) <b>36</b>		
12 Statutory Minimum Wage rate per day <b>12</b>			37 13th Month Pay and Other Benefits <b>37</b> <b>11,662.16</b>		
13 Statutory Minimum Wage rate per month <b>13</b>			38 De Minimis Benefits <b>38</b> <b>26,250.00</b>		
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) <b>39</b> <b>9,170.20</b>		
Part II Employer Information (Present)			40 Salaries & Other Forms of Compensation <b>40</b> <b>0.00</b>		
15 Taxpayer Identification No. <b>423 687 498 0000</b>			41 Total Non-Taxable/Exempt Compensation Income <b>41</b> <b>47,082.36</b>		
16 Employer's Name <b>TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),</b>			B. TAXABLE COMPENSATION INCOME REGULAR		
17 Registered Address <b>SALINAS DRIVE LAHUG CEBU CITY</b>			42 Basic Salary <b>42</b> <b>130,775.71</b>		
17A Zip Code <b>6000</b>			43 Representation <b>43</b>		
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			44 Transportation <b>44</b>		
Part III Employer Information (Previous)			45 Cost of Living Allowance <b>45</b>		
18 Taxpayer Identification No.			46 Fixed Housing Allowance <b>46</b>		
19 Employer's Name			47 Others (Specify)		
20 Registered Address			47A <b>47A</b> <b>1,662.53</b>		
20A Zip Code			47B <b>47B</b>		
Part IV-A Summary			SUPPLEMENTARY		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) <b>21</b> <b>179,520.60</b>			48 Commission <b>48</b>		
22 Less: Total Non-Taxable/Exempt (Item 41) <b>22</b> <b>47,082.36</b>			49 Profit Sharing <b>49</b>		
23 Taxable Compensation Income from Present Employer (Item 55) <b>23</b> <b>132,438.24</b>			50 Fees Including Director's Fees <b>50</b>		
24 Add: Taxable Compensation Income from Previous Employer <b>24</b> <b>0.00</b>			51 Taxable 13th Month Pay and Other Benefits <b>51</b> <b>0.00</b>		
25 Gross Taxable Compensation Income <b>25</b> <b>132,438.24</b>			52 Hazard Pay <b>52</b>		
26 Less: Total Exemptions <b>26</b> <b>50,000.00</b>			53 Overtime Pay <b>53</b>		
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) <b>27</b> <b>0.00</b>			54 Others (Specify)		
28 Net Taxable Compensation Income <b>28</b> <b>82,438.24</b>			54A <b>54A</b>		
29 Tax Due <b>29</b> <b>10,987.65</b>			54B <b>54B</b>		
30 Amount of Taxes Withheld <b>30A</b> <b>12,925.11</b>			55 Total Taxable Compensation Income <b>55</b> <b>132,438.24</b>		
30A Present Employer					
30B Previous Employer <b>30B</b> <b>0.00</b>					
31 Total Amount of Taxes Withheld As adjusted <b>31</b> <b>12,925.11</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> Present Employer/ Authorized Agent Signature Over Printed Name Date Signed					
CONFORME: <b>Van Kevin Opura</b> 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 <b>Diana Rose T. Bartulin</b> Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)			59 <b>Van Kevin Opura</b> Employee Signature Over Printed Name		