

 <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) 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. 312 894 026 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) IGOT, ANGEL GRACE ARCAYAN			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
6 Registered Address MATUMBO PUSOK			6A Zip Code 6015		
6B Local Home Address			6C Zip Code		
6D Foreign Address			6E Zip Code		
7 Date of Birth (MM/DD/YYYY) 12 19 1993			8 Telephone Number		
9 Exemption Status Single Married			33 Holiday Pay (MWE) 33		
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No			34 Overtime Pay (MWE) 34		
10 Name of Qualified Dependent Children			35 Night Shift Differential (MWE) 35		
11 Date of Birth (MM/DD/YYYY)			36 Hazard Pay (MWE) 36		
			37 13th Month Pay and Other Benefits 37 17,634.94		
12 Statutory Minimum Wage rate per day 12			38 De Minimis Benefits 38 26,250.00		
13 Statutory Minimum Wage rate per month 13			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 10,094.30		
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			40 Salaries & Other Forms of Compensation 40 9,341.09		
Part II Employer Information (Present)			41 Total Non-Taxable/Exempt Compensation Income 41 63,320.33		
15 Taxpayer Identification No. 423 687 498 0000			B. TAXABLE COMPENSATION INCOME REGULAR		
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),			42 Basic Salary 42 201,525.01		
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY			43 Representation 43		
17A Zip Code 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 16,028.06		
19 Employer's Name			47B		
20 Registered Address			SUPPLEMENTARY		
20A Zip Code			48 Commission 48		
Part IV-A Summary			49 Profit Sharing 49		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 280,873.40			50 Fees Including Director's Fees 50		
22 Less: Total Non-Taxable/Exempt (Item 41) 22 63,320.33			51 Taxable 13th Month Pay and Other Benefits 51 0.00		
23 Taxable Compensation Income from Present Employer (Item 55) 23 217,553.07			52 Hazard Pay 52		
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			53 Overtime Pay 53		
25 Gross Taxable Compensation Income 25 217,553.07			54 Others (Specify) 54A 54B		
26 Less: Total Exemptions 26 50,000.00			55 Total Taxable Compensation Income 55 217,553.07		
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00					
28 Net Taxable Compensation Income 28 167,553.07					
29 Tax Due 29 29,388.27					
30 Amount of Taxes Withheld 30A Present Employer 30A 32,514.04					
30B Previous Employer 30B 0.00					
31 Total Amount of Taxes Withheld As adjusted 31 32,514.04					
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 Angel Grace Igot 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 Angel Grace Igot Employee Signature Over Printed Name		