

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Certificate of Compensation Payment/Tax Withheld</div>		<div>BIR Form No. 2316 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) 05 30 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. 328 468 184 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) YAP, CHRISTIAN DAVE MARTILLAN			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)		
6 Registered Address STA. CRUZ, JAGOBIAO MANDAUE CITY CEBU			33 Holiday Pay (MWE)		
6A Zip Code			34 Overtime Pay (MWE)		
6B Local Home Address			35 Night Shift Differential (MWE)		
6C Zip Code			36 Hazard Pay (MWE)		
6D Foreign Address			37 13th Month Pay and Other Benefits 5,914.84		
6E Zip Code			38 De Minimis Benefits 13,486.30		
7 Date of Birth (MM/DD/YYYY) 12 12 1988		8 Telephone Number			
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married					
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10 Name of Qualified Dependent Children			11 Date of Birth (MM/DD/YYYY)		
12 Statutory Minimum Wage rate per day			13 Statutory Minimum Wage rate per month		
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax					
Part II Employer Information (Present)					
15 Taxpayer Identification No. 423 687 498 0000					
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),					
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY					
17A Zip Code 6000					
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer					
Part III Employer Information (Previous)					
18 Taxpayer Identification No.					
19 Employer's Name					
20 Registered Address					
20A Zip Code					
Part IV-A Summary					
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)		21		95,603.31	
22 Less: Total Non-Taxable/ Exempt (Item 41)		22		23,878.34	
23 Taxable Compensation Income from Present Employer (Item 55)		23		71,724.97	
24 Add: Taxable Compensation Income from Previous Employer		24		0.00	
25 Gross Taxable Compensation Income		25		71,724.97	
26 Less: Total Exemptions		26		50,000.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)		27		0.00	
28 Net Taxable Compensation Income		28		21,724.97	
29 Tax Due		29		1,672.50	
30 Amount of Taxes Withheld		30A		7,240.98	
30A Present Employer		30B		0.00	
30B Previous Employer		31		7,240.98	
31 Total Amount of Taxes Withheld As adjusted		31			
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			
Present Employer/ Authorized Agent Signature Over Printed Name					
CONFORME: Christian Dave Yap		Date Signed			
57 Christian Dave Yap		Date of Issue			
CTC No.		Employee Signature Over Printed Name		Amount Paid	
of Employee		Place of Issue			
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			59 Christian Dave Yap		
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)			Employee Signature Over Printed Name		