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|---|--|---|--|--|--|
|  <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) 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. 317 659 704 0000  |  |   | Amount   |  |  |
| 4 Employee's Name (Last Name, First Name, Middle Name) RIKIMARU, KENNETH REDEN DELA CRUZ  |  |   | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME  |  |  |
| 5 RDO Code 081  |  |   |  |  |  |
| 6 Registered Address SAN LORENZO RUIZ STREET, HIPODROMO   |  |   | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32   |  |  |
| 6A Zip Code 6000  |  |   |  |  |  |
| 6B Local Home Address   |  |   | 33 Holiday Pay (MWE) 33  |  |  |
| 6C Zip Code   |  |   |  |  |  |
| 6D Foreign Address  |  |   | 34 Overtime Pay (MWE) 34   |  |  |
| 6E Zip Code   |  |   |  |  |  |
| 7 Date of Birth (MM/DD/YYYY) 02 28 1986   |  |   | 35 Night Shift Differential (MWE) 35   |  |  |
| 8 Telephone Number  |  |   |  |  |  |
| 9 Exemption Status Single Married   |  |   | 36 Hazard Pay (MWE) 36   |  |  |
| 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No   |  |   | 37 13th Month Pay and Other Benefits 37 12,840.58  |  |  |
| 10 Name of Qualified Dependent Children   |  |   | 38 De Minimis Benefits 38 26,250.00  |  |  |
| 11 Date of Birth (MM/DD/YYYY)   |  |   |  |  |  |
|   |  |   | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20  |  |  |
|   |  |   |  |  |  |
| 12 Statutory Minimum Wage rate per day 12   |  |   | 40 Salaries & Other Forms of Compensation 40 8,636.30  |  |  |
| 13 Statutory Minimum Wage rate per month 13   |  |   |  |  |  |
| 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax  |  |   | 41 Total Non-Taxable/Exempt Compensation Income 41 56,897.08   |  |  |
| Part II Employer Information (Present)  |  |   | B. TAXABLE COMPENSATION INCOME REGULAR   |  |  |
| 15 Taxpayer Identification No. 423 687 498 0000   |  |   | 42 Basic Salary 42 144,916.78  |  |  |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),   |  |   | 43 Representation 43   |  |  |
| 17 Registered Address SALINAS DRIVE LAHUG CEBU CITY   |  |   | 44 Transportation 44   |  |  |
| 17A Zip Code 6000   |  |   | 45 Cost of Living Allowance 45   |  |  |
| Main Employer Secondary Employer  |  |   | 46 Fixed Housing Allowance 46  |  |  |
| Part III Employer Information (Previous)  |  |   | 47 Others (Specify) 47A 11,541.54  |  |  |
| 18 Taxpayer Identification No.  |  |   | 47B  |  |  |
| 19 Employer's Name  |  |   | SUPPLEMENTARY  |  |  |
| 20 Registered Address   |  |   | 48 Commission 48   |  |  |
| 20A Zip Code  |  |   | 49 Profit Sharing 49   |  |  |
| Part IV-A Summary   |  |   | 50 Fees Including Director's Fees 50   |  |  |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 213,355.40   |  |   | 51 Taxable 13th Month Pay and Other Benefits 51 0.00   |  |  |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 56,897.08  |  |   | 52 Hazard Pay 52   |  |  |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 156,458.32  |  |   | 53 Overtime Pay 53   |  |  |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00  |  |   | 54 Others (Specify) 54A 54B  |  |  |
| 25 Gross Taxable Compensation Income 25 156,458.32  |  |   | 55 Total Taxable Compensation Income 55 156,458.32   |  |  |
| 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 28 106,458.32  |  |   |  |  |  |
| 29 Tax Due 29 15,791.66   |  |   |  |  |  |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 17,729.13  |  |   |  |  |  |
| 30B Previous Employer 30B 0.00  |  |   |  |  |  |
| 31 Total Amount of Taxes Withheld As adjusted 31 17,729.13  |  |   |  |  |  |
| 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: Kenneth Reden Rikimaru Date Signed  |  |   |  |  |  |
| CTC No. Employee Signature Over Printed Name Date of Issue 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 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)  |  |   | 59 Kenneth Reden Rikimaru Employee Signature Over Printed Name   |  |  |