Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas  Republika ng Pilipinas Kagawaran ng Pananalapi Republika ng Pilipinas Ragawaran ng Pananalapi Rayment/Tax Withheld  Payment/Tax Withheld			
Kawanihan ng Rentas Internas  Payment/Tax Withheld  For Compensation Payment With or Without Tax Withheld  July 2008 (ENCS)			
For the Year 2016	an "X"	2 For the Period	07 11 - 44425 12 31
Part I Employee Information		From (MIM/DD)	tion Income and Tax Withheld from Present Employer
Taxpayer   329   807   134	0000	A. NON-TAXABLE/EXEMPT CO	Amount OMPENSATION INCOME
Employee's Name (Last Name, First Name, Middle Name)  SENCIL, KLARE	5 RDO Code 081	<b>32</b> Basic Salary/	32
	A Zip Code	Statutory Minimum Wage Minimum Wage Earner (MWE)	
UYTENGSU ST, CEBU CITY		33 Holiday Pay (MWE)	33
BB Local Home Address 60	Zip Code	34 Overtime Pay (MWE)	34
D Foreign Address 6E	Zip Code	35 Night Shift Differential (MWE)	35
/ Date of Birth (MM/DD/YYYY) 8 Telephone Number		36 Hazard Pay (MWE)	36
05 30 1995		<b>37</b> 13th Month Pay	37 4 292 42
Exemption Status Single Married		and Other Benefits	4,382.42
A Is the wife claiming the additional exemption for qualified dependent Yes No	t children?	38 De Minimis Benefits	10,000.00
Name of Qualified Dependent Children     11 Date of Birth (MM)	,	<b>39</b> SSS, GSIS, PHIC & Pag-ibig	39
		Contributions, & Union Dues (Employee share only)	2,963.30
		40 Salaries & Other Forms of	40 0.00
2 Statutory Minimum Wage rate per day 12		Compensation	40 0.00
3 Statutory Minimum Wage rate per month 13		<b>41</b> Total Non-Taxable/Exempt Compensation Income	17,345.72
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME	
Part II Employer Information (Present)  5 Taxpayer  423 687 498	0000	REGULAR	
6 Employer's Name		<b>42</b> Basic Salary	42 49,625.74
TATE PUBLISHING AND ENTERPRISES (PHILIP		43 Representation	43
7 Registered Address 17 SALINAS DRIVE LAHUG CEBU CITY	'A Zip Code 6000	<b>44</b> Transportation	44
Main Employer Secondary Employer Part III Employer Information (Previous)		45 Cost of Living Allowance	45
8 Taxpayer Identification No.		46 Fixed Housing Allowance	46
9 Employer's Name		47 Others (Specify) 47A	47A 534.25
Po Registered Address 20	A Zip Code	47B	47E
		SUPPLEMENTARY	
Part IV-A Summary  21 Gross Compensation Income from 21	67,505.71	48 Commission	48
Present Employer (Item 41 plus Item 55)  Less: Total Non-Taxable/ Exempt (Item 41)	17,345.72	<b>49</b> Profit Sharing	49
23 Taxable Compensation Income from Present Employer (Item 55)	50,159.99	<b>50</b> Fees Including Director's	50
24 Add: Taxable Compensation Income from Previous Employer 25 Cross Taxable 25	0.00	Fees  51 Taxable 13th Month Pay	51 0.00
Compensation Income 26 Less: Total Exemptions 26	50,159.99	and Other Benefits	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00	<b>52</b> Hazard Pav	52
8 Net Taxable Compensation Income		53 Overtime Pay	53
9 Tax Due 29	500.00	54 Others (Specify)	
O Amount of Taxes Withheld 30A Present Employer 30A	4,865.32	54A 54B	54A 54B
30B Previous Employer 30B	0.00		
31 Total Amount of Taxes Withheld 31  As adjusted  We declare, under the penalties of perjury, that this certificate has been	4,005.32	55 Total Taxable Compensation Income ith, verified by us, and to the best of our	33,133,33
pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.  56			
Present Employer/ Authorized Agent Signature Over Printed Name  CONFORME: 57 Klare Sencil Date Signed			
CTC No. Employee Signature Over Printed Name of Employee Place of Issue Date of Issue			
To be accomplished under substituted filing  I declare, under the penalties of perjury, that the information herein stated are reported  I declare, under the penalties of perjury that I am qualified under substituted filing of			
under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue. 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			
58 Diana Rose T. Bartulin  Present Employer/ Authorized Agent Signature Over Printed Name	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		
(Head of Accounting/ Human Resource or Authorized Representative)  (Head of Accounting/ Human Resource or Authorized Representative)			