


DLN:		BIR Form No.	
 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		Certificate of Compensation Payment/Tax Withheld	
For Compensation Payment With or Without Tax Withheld		2316 July 2008 (ENCS)	
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. 300 123 819 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) PANCHO, EDEN SILABAY		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 081		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address STA. ANA, PASEO ARSENAS, BANAWA		6A Zip Code 6000	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 03 25 1982		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 15,584.59	
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 10,119.30	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		40 Salaries & Other Forms of Compensation 40 44,144.50	
Part II Employer Information (Present)		41 Total Non-Taxable/Exempt Compensation Income 41 96,098.39	
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 42 176,895.74	
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 12,972.00	
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) 21 285,966.13		50 Fees Including Director's Fees 50	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 96,098.39		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 189,867.74		52 Hazard Pay 52	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		53 Overtime Pay 53	
25 Gross Taxable Compensation Income 25 189,867.74		54 Others (Specify) 54A 54B	
26 Less: Total Exemptions 26 100,000.00		55 Total Taxable Compensation Income 55 189,867.74	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00			
28 Net Taxable Compensation Income 28 89,867.74			
29 Tax Due 29 12,473.55			
30 Amount of Taxes Withheld 30A Present Employer 30A 15,660.42			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 15,660.42			
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 Eden Pancho 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 Eden Pancho Employee Signature Over Printed Name	