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Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.

2316

July 2008 (ENCS)

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) To (MM/DD)	02 22 12 31
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Part I Employee Information

3 Taxpayer Identification No.	226 657 100 0000
4 Employee's Name (Last Name, First Name, Middle Name)	ORDONO, RAYMOND CHRISTOPHER CIPRIANO
5 RDO Code	081
6 Registered Address	106 URGELLO ST. CEBU CITY, PHILIPPINES 6000
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY)	03 06 1978
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	12
13 Statutory Minimum Wage rate per month	13
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	306,861.65
22 Less: Total Non-Taxable/Exempt (Item 41)	22	52,664.24
23 Taxable Compensation Income from Present Employer (Item 55)	23	254,197.41
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	254,197.41
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	204,197.41
29 Tax Due	29	38,549.35
30 Amount of Taxes Withheld		
30A Present Employer	30A	46,905.85
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As adjusted	31	46,905.85

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33 Holiday Pay (MWE)	33	
34 Overtime Pay (MWE)	34	
35 Night Shift Differential (MWE)	35	
36 Hazard Pay (MWE)	36	
37 13th Month Pay and Other Benefits	37	21,578.77
38 De Minimis Benefits	38	21,578.77
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	9,506.70
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	52,664.24
B. TAXABLE COMPENSATION INCOME REGULAR		
42 Basic Salary	42	249,438.50
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)	47	
47A	47A	4,758.91
47B	47B	
SUPPLEMENTARY		
48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)	54	
54A	54A	
54B	54B	
55 Total Taxable Compensation Income	55	254,197.41

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 Raymond Christopher Ordono
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.

58 Diana Rose T. Bartulin
Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

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.

59 Raymond Christopher Ordono
Employee Signature Over Printed Name