

DLN:

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas InternasCertificate 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)	10 26	12 31
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Part I Employee Information

3 Taxpayer Identification No.	000	000	479	0000
4 Employee's Name (Last Name, First Name, Middle Name)	EMPEYNADO, ELAINE JOY			
5 RDO Code	081			
6 Registered Address	199 BRGY. SAN ANTONIO, MANILA MODISTE BLDG., PELAEZ ST., CEBU CITY			
6A Zip Code				
6B Local Home Address				
6C Zip Code				
6D Foreign Address				
6E Zip Code				
7 Date of Birth (MM/DD/YYYY)	08	06	1996	
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	0.00
22 Less: Total Non-Taxable/Exempt (Item 41)	22	0.00
23 Taxable Compensation Income from Present Employer (Item 55)	23	0.00
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	0.00
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	0.00
28 Net Taxable Compensation Income	28	0.00
29 Tax Due	29	0.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	0.00
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As adjusted	31	0.00

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 0.00
38 De Minimis Benefits	38 0.00
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 0.00
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 0.00
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	42 0.00
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A 0.00
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 0.00

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 Elaine Joy Empeynado
CTC No. Employee Signature Over Printed Name

Date Signed

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 Elaine Joy Empeynado
Employee Signature Over Printed Name