

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Certificate of Compensation Payment/Tax Withheld</div>		<div>BIR Form No. <b>2316</b> 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) 02 04 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. 314 797 745 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) AROSA, JOHN MARK MERAVERLES			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081					
6 Registered Address NIVEL HILLS, LAHUG, CEBU CITY			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
6B Local Home Address			33 Holiday Pay (MWE) 33		
6C Zip Code			34 Overtime Pay (MWE) 34		
6D Foreign Address			35 Night Shift Differential (MWE) 35		
6E Zip Code			36 Hazard Pay (MWE) 36		
7 Date of Birth (MM/DD/YYYY) 07 05 1990			37 13th Month Pay and Other Benefits 37 12,193.32		
8 Telephone Number			38 De Minimis Benefits 38 23,075.34		
9 Exemption Status Single Married			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 8,663.00		
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No			40 Salaries & Other Forms of Compensation 40 988.00		
10 Name of Qualified Dependent Children			41 Total Non-Taxable/Exempt Compensation Income 41 44,919.66		
11 Date of Birth (MM/DD/YYYY)			B. TAXABLE COMPENSATION INCOME REGULAR		
12 Statutory Minimum Wage rate per day 12			42 Basic Salary 42 137,656.89		
13 Statutory Minimum Wage rate per month 13			43 Representation 43		
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			44 Transportation 44		
Part II Employer Information (Present)			45 Cost of Living Allowance 45		
15 Taxpayer Identification No. 423 687 498 0000			46 Fixed Housing Allowance 46		
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),			47 Others (Specify) 47A 10,188.53		
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY			47B		
17A Zip Code 6000			SUPPLEMENTARY		
Main Employer Secondary Employer			48 Commission 48		
Part III Employer Information (Previous)			49 Profit Sharing 49		
18 Taxpayer Identification No.			50 Fees Including Director's Fees 50		
19 Employer's Name			51 Taxable 13th Month Pay and Other Benefits 51 0.00		
20 Registered Address			52 Hazard Pay 52		
20A Zip Code			53 Overtime Pay 53		
Part IV-A Summary			54 Others (Specify) 54A 54B		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 192,765.08			55 Total Taxable Compensation Income 55 147,845.42		
22 Less: Total Non-Taxable/Exempt (Item 41) 22 44,919.66					
23 Taxable Compensation Income from Present Employer (Item 55) 23 147,845.42					
24 Add: Taxable Compensation Income from Previous Employer 24 0.00					
25 Gross Taxable Compensation Income 25 147,845.42					
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 97,845.42					
29 Tax Due 29 14,069.08					
30 Amount of Taxes Withheld 30A Present Employer 30A 17,479.55					
30B Previous Employer 30B 0.00					
31 Total Amount of Taxes Withheld As adjusted 31 17,479.55					
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 John Mark Arosa 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 John Mark Arosa Employee Signature Over Printed Name		