


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) 05 23 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. 310 902 666 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) REMEDIO, RHEA LOISE		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 081		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address LOT 49 DOVE ST. DE PAUL SUBD. CASILI CONSOLACION CEBU 6001		33 Holiday Pay (MWE) 33	
6B Local Home Address		34 Overtime Pay (MWE) 34	
6C Zip Code		35 Night Shift Differential (MWE) 35	
6D Foreign Address		36 Hazard Pay (MWE) 36	
6E Zip Code		37 13th Month Pay and Other Benefits 37 7,537.50	
7 Date of Birth (MM/DD/YYYY) 04 25 1989		38 De Minimis Benefits 38 13,996.58	
8 Telephone Number		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 5,312.80	
9 Exemption Status Single Married		40 Salaries & Other Forms of Compensation 40 0.00	
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No		41 Total Non-Taxable/Exempt Compensation Income 41 26,846.88	
10 Name of Qualified Dependent Children		B. TAXABLE COMPENSATION INCOME REGULAR	
11 Date of Birth (MM/DD/YYYY)		42 Basic Salary 42 85,137.21	
		43 Representation 43	
		44 Transportation 44	
		45 Cost of Living Allowance 45	
		46 Fixed Housing Allowance 46	
		47 Others (Specify)	
		47A 47A 6,851.42	
		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)	
		54A 54A	
		54B 54B	
		55 Total Taxable Compensation Income 55 91,988.63	
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			
Main Employer 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) 21 118,835.51			
22 Less: Total Non-Taxable/ Exempt (Item 41) 22 26,846.88			
23 Taxable Compensation Income from Present Employer (Item 55) 23 91,988.63			
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			
25 Gross Taxable Compensation Income 25 91,988.63			
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 41,988.63			
29 Tax Due 29 4,298.29			
30 Amount of Taxes Withheld 30A Present Employer 30A 11,146.72			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 11,146.72			
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: Rhea Loise Remedio		Date Signed	
CTC No. Employee Signature Over Printed Name		Date of Issue	
of Employee Place 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 Rhea Loise Remedio Employee Signature Over Printed Name	