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|  <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div> | | <div>Certificate of Compensation Payment/Tax Withheld</div> | | <div>BIR Form No. 2316 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) 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. 317 138 019 0000 | | | Amount | | |
| 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code | | | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | |
| BALISACAN, TERESA CHRISTINE MANSUETO 081 | | | | | |
| 6 Registered Address 6A Zip Code | | | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 | | |
| 108 ACMDC TOWNSHIP, POOG 6038 | | | | | |
| 6B Local Home Address 6C Zip Code | | | 33 Holiday Pay (MWE) 33 | | |
| | | | | | |
| 6D Foreign Address 6E Zip Code | | | 34 Overtime Pay (MWE) 34 | | |
| | | | | | |
| 7 Date of Birth (MM/DD/YYYY) 8 Telephone Number | | | 35 Night Shift Differential (MWE) 35 | | |
| 08 25 1993 | | | | | |
| 9 Exemption Status | | | 36 Hazard Pay (MWE) 36 | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married | | | 37 13th Month Pay and Other Benefits 37 | | |
| 9A Is the wife claiming the additional exemption for qualified dependent children? | | | 38 De Minimis Benefits 38 | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 12,766.27 26,250.00 | | |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) | | | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 | | |
| | | | 9,170.20 | | |
| | | | | | |
| | | | | | |
| 12 Statutory Minimum Wage rate per day 12 | | | 40 Salaries & Other Forms of Compensation 40 | | |
| | | | 764.38 | | |
| 13 Statutory Minimum Wage rate per month 13 | | | 41 Total Non-Taxable/Exempt Compensation Income 41 | | |
| | | | 48,950.85 | | |
| 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | | | B. TAXABLE COMPENSATION INCOME REGULAR | | |
| Part II Employer Information (Present) | | | 42 Basic Salary 42 | | |
| 15 Taxpayer Identification No. 423 687 498 0000 | | | 144,025.01 | | |
| 16 Employer's Name | | | 43 Representation 43 | | |
| TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), | | | | | |
| 17 Registered Address 17A Zip Code | | | 44 Transportation 44 | | |
| SALINAS DRIVE LAHUG CEBU CITY 6000 | | | | | |
| <input type="checkbox"/> Main Employer <input type="checkbox"/> 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 | | |
| 19 Employer's Name | | | 2,038.36 | | |
| 20 Registered Address 20A Zip Code | | | 47B | | |
| | | | | | |
| Part IV-A Summary | | | SUPPLEMENTARY | | |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 | | | 48 Commission 48 | | |
| 195,014.22 | | | | | |
| 22 Less: Total Non-Taxable/ Exempt (Item 41) 22 | | | 49 Profit Sharing 49 | | |
| 48,950.85 | | | | | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 | | | 50 Fees Including Director's Fees 50 | | |
| 146,063.37 | | | | | |
| 24 Add: Taxable Compensation Income from Previous Employer 24 | | | 51 Taxable 13th Month Pay and Other Benefits 51 | | |
| 0.00 | | | 0.00 | | |
| 25 Gross Taxable Compensation Income 25 | | | 52 Hazard Pay 52 | | |
| 146,063.37 | | | | | |
| 26 Less: Total Exemptions 26 | | | 53 Overtime Pay 53 | | |
| 50,000.00 | | | | | |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 | | | 54 Others (Specify) 54A | | |
| 0.00 | | | | | |
| 28 Net Taxable Compensation Income 28 | | | 54B | | |
| 96,063.37 | | | | | |
| 29 Tax Due 29 | | | 55 Total Taxable Compensation Income 55 | | |
| 13,712.67 | | | 146,063.37 | | |
| 30 Amount of Taxes Withheld 30A Present Employer 30A | | | | | |
| 15,650.13 | | | | | |
| 30B Previous Employer 30B | | | | | |
| 0.00 | | | | | |
| 31 Total Amount of Taxes Withheld As adjusted 31 | | | | | |
| 15,650.13 | | | | | |
| 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 Teresa Christine Balisacan 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 Teresa Christine Balisacan Employee Signature Over Printed Name | | |