


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) 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. 423 687 498 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) LISONDRA, FAITH CLOVELL		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 081		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address BLDG 3 RM 908, ONE OASIS CONDOMINIUM, KASAMBAGAN S6000ABOL, CEBU CITY		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 13,435.10	
7 Date of Birth (MM/DD/YYYY) 05 07 1993		38 De Minimis Benefits 38 26,250.00	
8 Telephone Number		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20	
9 Exemption Status Single Married		40 Salaries & Other Forms of Compensation 40 6,500.00	
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No		41 Total Non-Taxable/Exempt Compensation Income 41 55,355.30	
10 Name of Qualified Dependent Children		B. TAXABLE COMPENSATION INCOME REGULAR	
11 Date of Birth (MM/DD/YYYY)		42 Basic Salary 42 152,051.03	
12 Statutory Minimum Wage rate per day 12		43 Representation 43	
13 Statutory Minimum Wage rate per month 13		44 Transportation 44	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		45 Cost of Living Allowance 45	
Part II Employer Information (Present)		46 Fixed Housing Allowance 46	
15 Taxpayer Identification No. 423 687 498 0000		47 Others (Specify) 47A 2,293.16	
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),		47B	
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY		SUPPLEMENTARY	
17A Zip Code 6000		48 Commission 48	
Main Employer Secondary Employer		49 Profit Sharing 49	
Part III Employer Information (Previous)		50 Fees Including Director's Fees 50	
18 Taxpayer Identification No.		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
19 Employer's Name		52 Hazard Pay 52	
20 Registered Address		53 Overtime Pay 53	
20A Zip Code		54 Others (Specify) 54A 54B	
Part IV-A Summary		55 Total Taxable Compensation Income 55 154,344.19	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 209,699.49			
22 Less: Total Non-Taxable/Exempt (Item 41) 22 55,355.30			
23 Taxable Compensation Income from Present Employer (Item 55) 23 154,344.19			
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			
25 Gross Taxable Compensation Income 25 154,344.19			
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 28 104,344.19			
29 Tax Due 29 15,368.84			
30 Amount of Taxes Withheld 30A Present Employer 30A 17,306.31			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 17,306.31			
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 Faith Clovell Lisondra Employee Signature Over Printed Name		Date Signed	
CTC No. of Employee		Date of Issue	
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 Faith Clovell Lisondra Employee Signature Over Printed Name	