

 <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) 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. 476 729 258 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
MORALES, RANDY ARDIENTE 081					
6 Registered Address 6A Zip Code			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
UPPER LUCIMBA PARDO, CEBU CITY					
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		
01 26 1994					
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			15,166.27 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		
			9,694.30		
12 Statutory Minimum Wage rate per day 12			40 Salaries & Other Forms of Compensation 40		
			991.78		
13 Statutory Minimum Wage rate per month 13			41 Total Non-Taxable/Exempt Compensation Income 41		
			52,102.35		
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			172,300.91		
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			13,266.45		
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		
237,669.71					
22 Less: Total Non-Taxable/Exempt (Item 41) 22			49 Profit Sharing 49		
52,102.35					
23 Taxable Compensation Income from Present Employer (Item 55) 23			50 Fees Including Director's Fees 50		
185,567.36					
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		
185,567.36					
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		
135,567.36					
29 Tax Due 29			55 Total Taxable Compensation Income 55		
21,613.47			185,567.36		
30 Amount of Taxes Withheld 30A Present Employer 30A					
24,517.62					
30B Previous Employer 30B					
0.00					
31 Total Amount of Taxes Withheld As adjusted 31					
24,517.62					
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: Randy Morales			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 Randy Morales Employee Signature Over Printed Name		