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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. 266 795 136 0000 | | | Amount | | |
| 4 Employee's Name (Last Name, First Name, Middle Name) ALCASID, SHIELDON ESCARPE | | | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | |
| 5 RDO Code 081 | | | | | |
| 6 Registered Address POBLACION OCCIDENTAL, CONSOLACION, CEBU | | | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 | | |
| 6A Zip Code | | | | | |
| 6B Local Home Address | | | 33 Holiday Pay (MWE) 33 | | |
| 6C Zip Code | | | | | |
| 6D Foreign Address | | | 34 Overtime Pay (MWE) 34 | | |
| 6E Zip Code | | | | | |
| 7 Date of Birth (MM/DD/YYYY) 04 27 1980 | | | 35 Night Shift Differential (MWE) 35 | | |
| 8 Telephone Number | | | | | |
| 9 Exemption Status Single Married | | | 36 Hazard Pay (MWE) 36 | | |
| 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No | | | 37 13th Month Pay and Other Benefits 37 13,520.04 | | |
| 10 Name of Qualified Dependent Children | | | 38 De Minimis Benefits 38 26,250.00 | | |
| 11 Date of Birth (MM/DD/YYYY) | | | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20 | | |
| | | | 40 Salaries & Other Forms of Compensation 40 31,297.53 | | |
| 12 Statutory Minimum Wage rate per day 12 | | | 41 Total Non-Taxable/Exempt Compensation Income 41 80,237.77 | | |
| 13 Statutory Minimum Wage rate per month 13 | | | | | |
| 14 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 42 153,070.22 | | |
| 15 Taxpayer Identification No. 423 687 498 0000 | | | 43 Representation 43 | | |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), | | | 44 Transportation 44 | | |
| 17 Registered Address SALINAS DRIVE LAHUG CEBU CITY | | | 45 Cost of Living Allowance 45 | | |
| 17A Zip Code 6000 | | | 46 Fixed Housing Allowance 46 | | |
| Main Employer Secondary Employer | | | 47 Others (Specify) 47A 2,446.03 | | |
| Part III Employer Information (Previous) | | | 47B | | |
| 18 Taxpayer Identification No. | | | SUPPLEMENTARY | | |
| 19 Employer's Name | | | 48 Commission 48 | | |
| 20 Registered Address | | | 49 Profit Sharing 49 | | |
| 20A Zip Code | | | 50 Fees Including Director's Fees 50 | | |
| Part IV-A Summary | | | 51 Taxable 13th Month Pay and Other Benefits 51 0.00 | | |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 235,754.02 | | | 52 Hazard Pay 52 | | |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 80,237.77 | | | 53 Overtime Pay 53 | | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 155,516.25 | | | 54 Others (Specify) 54A | | |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00 | | | 54B | | |
| 25 Gross Taxable Compensation Income 25 155,516.25 | | | 55 Total Taxable Compensation Income 55 155,516.25 | | |
| 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 28 105,516.25 | | | | | |
| 29 Tax Due 29 15,603.25 | | | | | |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 17,540.73 | | | | | |
| 30B Previous Employer 30B 0.00 | | | | | |
| 31 Total Amount of Taxes Withheld As adjusted 31 17,540.73 | | | | | |
| 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 Sheldon Alcasid Employee Signature Over Printed Name | | | Date Signed | | |
| CTC No. of Employee Place of Issue | | | Date of Issue | | |
| To be accomplished under substituted filing | | | Amount Paid | | |
| 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 Sheldon Alcasid Employee Signature Over Printed Name | | |