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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. 318 833 605 0000 | | | Amount | | |
| 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code COMPAY, ALBERT SANTOS 081 | | | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | |
| 6 Registered Address 6A Zip Code PEARL ST. EX. II SANTA TERESITA VILLAGE TISA CEBU CITY 6000 | | | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 | | |
| 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) 09 29 1990 8 Telephone Number | | | 35 Night Shift Differential (MWE) 35 | | |
| 9 Exemption Status Single Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No | | | 36 Hazard Pay (MWE) 36 | | |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) | | | 37 13th Month Pay and Other Benefits 37 13,461.64 | | |
| 12 Statutory Minimum Wage rate per day 12 | | | 38 De Minimis Benefits 38 26,250.00 | | |
| 13 Statutory Minimum Wage rate per month 13 | | | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20 | | |
| 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | | | 40 Salaries & Other Forms of Compensation 40 441.50 | | |
| Part II Employer Information (Present) | | | 41 Total Non-Taxable/Exempt Compensation Income 41 49,323.34 | | |
| 15 Taxpayer Identification No. 423 687 498 0000 | | | B. TAXABLE COMPENSATION INCOME REGULAR | | |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), | | | 42 Basic Salary 42 152,369.51 | | |
| 17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 6000 | | | 43 Representation 43 | | |
| Main Employer Secondary Employer | | | 44 Transportation 44 | | |
| Part III Employer Information (Previous) | | | 45 Cost of Living Allowance 45 | | |
| 18 Taxpayer Identification No. | | | 46 Fixed Housing Allowance 46 | | |
| 19 Employer's Name | | | 47 Others (Specify) 47A 12,002.72 | | |
| 20 Registered Address 20A Zip Code | | | 47B | | |
| Part IV-A Summary | | | SUPPLEMENTARY | | |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 213,695.57 | | | 48 Commission 48 | | |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 49,323.34 | | | 49 Profit Sharing 49 | | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 164,372.23 | | | 50 Fees Including Director's Fees 50 | | |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00 | | | 51 Taxable 13th Month Pay and Other Benefits 51 0.00 | | |
| 25 Gross Taxable Compensation Income 25 164,372.23 | | | 52 Hazard Pay 52 | | |
| 26 Less: Total Exemptions 26 50,000.00 | | | 53 Overtime Pay 53 | | |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00 | | | 54 Others (Specify) 54A 54B | | |
| 28 Net Taxable Compensation Income 28 114,372.23 | | | 55 Total Taxable Compensation Income 55 164,372.23 | | |
| 29 Tax Due 29 17,374.45 | | | | | |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 19,333.49 | | | | | |
| 30B Previous Employer 30B 0.00 | | | | | |
| 31 Total Amount of Taxes Withheld As adjusted 31 19,333.49 | | | | | |
| 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 Albert Compay CTC No. Employee Signature Over Printed Name | | | Date Signed | | |
| 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 Albert Compay Employee Signature Over Printed Name | | |