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| DLN:  |  | BIR Form No.   |  |
|  <div>Republika ng Pilipinas<br/>Kagawaran ng Pananalapi<br/>Kawanihan ng Rentas Internas</div>   |  | Certificate of Compensation<br>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. 309 079 585 0000  |  | Amount   |  |
| 4 Employee's Name (Last Name, First Name, Middle Name) FIEL, RHEZETTE GLANCE CABALLO  |  | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME  |  |
| 5 RDO Code 081  |  | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32   |  |
| 6 Registered Address LOT 5 BLK 12 HILLSVIEW VILL. TISA  |  | 33 Holiday Pay (MWE) 33  |  |
| 6A Zip Code 6000  |  | 34 Overtime Pay (MWE) 34   |  |
| 6B Local Home Address   |  | 35 Night Shift Differential (MWE) 35   |  |
| 6C Zip Code   |  | 36 Hazard Pay (MWE) 36   |  |
| 6D Foreign Address  |  | 37 13th Month Pay and Other Benefits 37 15,150.34  |  |
| 6E Zip Code   |  | 38 De Minimis Benefits 38 26,250.00  |  |
| 7 Date of Birth (MM/DD/YYYY) 12 05 1985   |  | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,994.30  |  |
| 8 Telephone Number  |  | 40 Salaries & Other Forms of Compensation 40 9,000.00  |  |
| 9 Exemption Status Single Married   |  | 41 Total Non-Taxable/Exempt Compensation Income 41 60,394.64   |  |
| 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No   |  | B. TAXABLE COMPENSATION INCOME REGULAR   |  |
| 10 Name of Qualified Dependent Children   |  | 42 Basic Salary 42 171,809.81  |  |
| 11 Date of Birth (MM/DD/YYYY)   |  | 43 Representation 43   |  |
|   |  | 44 Transportation 44   |  |
|   |  | 45 Cost of Living Allowance 45   |  |
|   |  | 46 Fixed Housing Allowance 46  |  |
| 12 Statutory Minimum Wage rate per day 12   |  | 47 Others (Specify) 47A 2,350.48   |  |
| 13 Statutory Minimum Wage rate per month 13   |  | 47B  |  |
| 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax  |  | SUPPLEMENTARY  |  |
| Part II Employer Information (Present)  |  | 48 Commission 48   |  |
| 15 Taxpayer Identification No. 423 687 498 0000   |  | 49 Profit Sharing 49   |  |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),   |  | 50 Fees Including Director's Fees 50   |  |
| 17 Registered Address SALINAS DRIVE LAHUG CEBU CITY   |  | 51 Taxable 13th Month Pay and Other Benefits 51 0.00   |  |
| 17A Zip Code 6000   |  | 52 Hazard Pay 52   |  |
| Main Employer Secondary Employer  |  | 53 Overtime Pay 53   |  |
| Part III Employer Information (Previous)  |  | 54 Others (Specify) 54A 54B  |  |
| 18 Taxpayer Identification No.  |  | 55 Total Taxable Compensation Income 55 174,160.29   |  |
| 19 Employer's Name  |  |  |  |
| 20 Registered Address   |  |  |  |
| 20A Zip Code  |  |  |  |
| Part IV-A Summary   |  |  |  |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 234,554.93   |  |  |  |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 60,394.64  |  |  |  |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 174,160.29  |  |  |  |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00  |  |  |  |
| 25 Gross Taxable Compensation Income 25 174,160.29  |  |  |  |
| 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 28 124,160.29  |  |  |  |
| 29 Tax Due 29 19,332.06   |  |  |  |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 21,780.38  |  |  |  |
| 30B Previous Employer 30B 0.00  |  |  |  |
| 31 Total Amount of Taxes Withheld As adjusted 31 21,780.38  |  |  |  |
| 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: Rhezette Glance Fiel  |  | 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 Rhezette Glance Fiel Employee Signature Over Printed Name   |  |