


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. 301 641 252 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) ALPUERTO, FLOREZA DUQUE		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 081		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address 6A Zip Code QUEZON ST., CECILIA HOMES, KAGUDOY RD., LAPULAPU C 6015		33 Holiday Pay (MWE) 33	
6B Local Home Address 6C Zip Code		34 Overtime Pay (MWE) 34	
6D Foreign Address 6E Zip Code		35 Night Shift Differential (MWE) 35	
7 Date of Birth (MM/DD/YYYY) 12 28 1984		36 Hazard Pay (MWE) 36	
8 Telephone Number		37 13th Month Pay and Other Benefits 37 22,207.19	
9 Exemption Status Single Married		38 De Minimis Benefits 38 26,250.00	
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 10,869.30	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		40 Salaries & Other Forms of Compensation 40 16,550.00	
12 Statutory Minimum Wage rate per day 12		41 Total Non-Taxable/Exempt Compensation Income 41 75,876.49	
13 Statutory Minimum Wage rate per month 13		B. TAXABLE COMPENSATION INCOME REGULAR	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		42 Basic Salary 42 255,617.00	
Part II Employer Information (Present)		43 Representation 43	
15 Taxpayer Identification No. 423 687 498 0000		44 Transportation 44	
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),		45 Cost of Living Allowance 45	
17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 6000		46 Fixed Housing Allowance 46	
Main Employer Secondary Employer		47 Others (Specify) 47A 1,333.57	
Part III Employer Information (Previous)		47B	
18 Taxpayer Identification No.		SUPPLEMENTARY	
19 Employer's Name		48 Commission 48	
20 Registered Address 20A Zip Code		49 Profit Sharing 49	
Part IV-A Summary		50 Fees Including Director's Fees 50	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 332,827.06		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 75,876.49		52 Hazard Pay 52	
23 Taxable Compensation Income from Present Employer (Item 55) 23 256,950.57		53 Overtime Pay 53	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		54 Others (Specify) 54A	
25 Gross Taxable Compensation Income 25 256,950.57		54B	
26 Less: Total Exemptions 26 100,000.00		55 Total Taxable Compensation Income 55 256,950.57	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00			
28 Net Taxable Compensation Income 28 156,950.57			
29 Tax Due 29 26,737.64			
30 Amount of Taxes Withheld 30A Present Employer 30A 31,425.16			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 31,425.16			
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: Floreza Alpuerto 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 Floreza Alpuerto Employee Signature Over Printed Name	