


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. 258 577 624 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) BUSTAMANTE, BEATRIZ MONTEJO 5 RDO Code 081		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
6 Registered Address 154 F JACA ST. TUGAS PARDO CEBU CITY 6000 6A Zip Code		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) 07 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 15,798.63	
12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per month 13		38 De Minimis Benefits 38 26,250.00	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,869.30	
Part II Employer Information (Present)		40 Salaries & Other Forms of Compensation 40 50,898.63	
15 Taxpayer Identification No. 423 687 498 0000 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), 17 Registered Address SALINAS DRIVE LAHUG CEBU CITY 17A Zip Code 6000		41 Total Non-Taxable/Exempt Compensation Income 41 102,816.56	
Main Employer Secondary Employer		B. TAXABLE COMPENSATION INCOME REGULAR	
Part III Employer Information (Previous)		42 Basic Salary 42 179,714.27	
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code		43 Representation 43	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 295,886.80		44 Transportation 44	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 102,816.56		45 Cost of Living Allowance 45	
23 Taxable Compensation Income from Present Employer (Item 55) 23 193,070.24		46 Fixed Housing Allowance 46	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		47 Others (Specify) 47A 13,355.97	
25 Gross Taxable Compensation Income 25 193,070.24		47B	
26 Less: Total Exemptions 26 125,000.00		SUPPLEMENTARY	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		48 Commission 48	
28 Net Taxable Compensation Income 28 68,070.24		49 Profit Sharing 49	
29 Tax Due 29 8,210.54		50 Fees Including Director's Fees 50	
30 Amount of Taxes Withheld 30A Present Employer 30A 11,926.52		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
30B Previous Employer 30B 0.00		52 Hazard Pay 52	
31 Total Amount of Taxes Withheld As adjusted 31 11,926.52		53 Overtime Pay 53	
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.		54 Others (Specify) 54A 54B	
56 Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name		55 Total Taxable Compensation Income 55 193,070.24	
CONFORME: 57 Beatriz Bustamante Employee Signature Over Printed Name		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.	
CTC No. of Employee Place of Issue		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.	
To be accomplished under substituted filing		58 Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	
59 Beatriz Bustamante Employee Signature Over Printed Name			