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| 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. 318 965 180 0000 | | Amount | |
| 4 Employee's Name (Last Name, First Name, Middle Name) TIROL, PAUL ADRIAN | | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | |
| 5 RDO Code 081 | | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 | |
| 6 Registered Address WALING2X CORNER CATTLEYA ST. ORCHID HILLS, PANACAN CITY | | 33 Holiday Pay (MWE) 33 | |
| 6A Zip Code 8000 | | 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 13,435.10 | |
| 6E Zip Code | | 38 De Minimis Benefits 38 26,250.00 | |
| 7 Date of Birth (MM/DD/YYYY) 08 13 1985 | | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20 | |
| 8 Telephone Number | | 40 Salaries & Other Forms of Compensation 40 41,155.60 | |
| 9 Exemption Status | | 41 Total Non-Taxable/Exempt Compensation Income 41 90,010.90 | |
| 9A Is the wife claiming the additional exemption for qualified dependent children? | | B. TAXABLE COMPENSATION INCOME REGULAR | |
| 10 Name of Qualified Dependent Children | | 42 Basic Salary 42 152,051.03 | |
| 11 Date of Birth (MM/DD/YYYY) | | 43 Representation 43 | |
| | | 44 Transportation 44 | |
| | | 45 Cost of Living Allowance 45 | |
| | | 46 Fixed Housing Allowance 46 | |
| | | 47 Others (Specify) | |
| | | 47A 47A 10,977.83 | |
| | | 47B 47B | |
| | | SUPPLEMENTARY | |
| 12 Statutory Minimum Wage rate per day 12 | | 48 Commission 48 | |
| 13 Statutory Minimum Wage rate per month 13 | | 49 Profit Sharing 49 | |
| 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | | 50 Fees Including Director's Fees 50 | |
| Part II Employer Information (Present) | | 51 Taxable 13th Month Pay and Other Benefits 51 0.00 | |
| 15 Taxpayer Identification No. 423 687 498 0000 | | 52 Hazard Pay 52 | |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), | | 53 Overtime Pay 53 | |
| 17 Registered Address SALINAS DRIVE LAHUG CEBU CITY | | 54 Others (Specify) | |
| 17A Zip Code 6000 | | 54A 54A | |
| Main Employer Secondary Employer | | 54B 54B | |
| Part III Employer Information (Previous) | | 55 Total Taxable Compensation Income 55 163,028.86 | |
| 18 Taxpayer Identification No. | | | |
| 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) 21 253,039.76 | | | |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 90,010.90 | | | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 163,028.86 | | | |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00 | | | |
| 25 Gross Taxable Compensation Income 25 163,028.86 | | | |
| 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 28 113,028.86 | | | |
| 29 Tax Due 29 17,105.77 | | | |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 19,070.30 | | | |
| 30B Previous Employer 30B 0.00 | | | |
| 31 Total Amount of Taxes Withheld As adjusted 31 19,070.30 | | | |
| 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: Paul Adrian Tirol | | 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 Paul Adrian Tirol Employee Signature Over Printed Name | |