

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Certificate of Compensation Payment/Tax Withheld</div>		<div>BIR Form No. <b>2316</b> 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. 309 534 398 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) YBANEZ, KENT SORINGA			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)		
6 Registered Address 4390			33 Holiday Pay (MWE)		
6A Zip Code 6015			34 Overtime Pay (MWE)		
6B Local Home Address			35 Night Shift Differential (MWE)		
6C Zip Code			36 Hazard Pay (MWE)		
6D Foreign Address			37 13th Month Pay and Other Benefits 14,000.00		
6E Zip Code			38 De Minimis Benefits 26,250.00		
7 Date of Birth (MM/DD/YYYY) 08 24 1991			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 9,494.30		
8 Telephone Number			40 Salaries & Other Forms of Compensation 385.25		
9 Exemption Status			41 Total Non-Taxable/Exempt Compensation Income 50,129.55		
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 158,505.70		
11 Date of Birth (MM/DD/YYYY)			43 Representation		
			44 Transportation		
			45 Cost of Living Allowance		
			46 Fixed Housing Allowance		
12 Statutory Minimum Wage rate per day			47 Others (Specify)		
13 Statutory Minimum Wage rate per month			47A 10,246.35		
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			47B		
Part II Employer Information (Present)			SUPPLEMENTARY		
15 Taxpayer Identification No. 423 687 498 0000			48 Commission		
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),			49 Profit Sharing		
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY			50 Fees Including Director's Fees		
17A Zip Code 6000			51 Taxable 13th Month Pay and Other Benefits 0.00		
Main Employer Secondary Employer			52 Hazard Pay		
Part III Employer Information (Previous)			53 Overtime Pay		
18 Taxpayer Identification No.			54 Others (Specify)		
19 Employer's Name			54A		
20 Registered Address			54B		
20A Zip Code			55 Total Taxable Compensation Income 168,752.05		
Part IV-A Summary					
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 218,881.60					
22 Less: Total Non-Taxable/Exempt (Item 41) 50,129.55					
23 Taxable Compensation Income from Present Employer (Item 55) 168,752.05					
24 Add: Taxable Compensation Income from Previous Employer 0.00					
25 Gross Taxable Compensation Income 168,752.05					
26 Less: Total Exemptions 50,000.00					
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00					
28 Net Taxable Compensation Income 118,752.05					
29 Tax Due 18,250.41					
30 Amount of Taxes Withheld					
30A Present Employer 20,318.88					
30B Previous Employer 0.00					
31 Total Amount of Taxes Withheld As adjusted 20,318.88					
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					
CONFORME: 57 Kent Ybanez Employee Signature Over Printed Name					
CTC No. of Employee Place of Issue					
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.					
58 Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)					
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.					
59 Kent Ybanez Employee Signature Over Printed Name					