


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. 405 198 036 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
MOLINA, MA. REGINA CARMILLI ANIBAN 081		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address 6A Zip Code		33 Holiday Pay (MWE) 33	
V44 JUANA OSMEÑA±A EXT. P8, BRGY. CAMPUTHAW 6000		34 Overtime Pay (MWE) 34	
6B Local Home Address 6C Zip Code		35 Night Shift Differential (MWE) 35	
6D Foreign Address 6E Zip Code		36 Hazard Pay (MWE) 36	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number		37 13th Month Pay and Other Benefits 37	
12 10 1988		17,328.77	
9 Exemption Status		38 De Minimis Benefits 38	
9A Is the wife claiming the additional exemption for qualified dependent children?		26,250.00	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39	
		9,994.30	
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation 40	
13 Statutory Minimum Wage rate per month 13		0.00	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		41 Total Non-Taxable/Exempt Compensation Income 41	
Part II Employer Information (Present)		53,573.07	
15 Taxpayer Identification No. 423 687 498 0000		B. TAXABLE COMPENSATION INCOME REGULAR	
16 Employer's Name		42 Basic Salary 42	
TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),		197,950.91	
17 Registered Address 17A Zip Code		43 Representation 43	
SALINAS DRIVE LAHUG CEBU CITY 6000		44 Transportation 44	
Main Employer Secondary Employer		45 Cost of Living Allowance 45	
Part III Employer Information (Previous)		46 Fixed Housing Allowance 46	
18 Taxpayer Identification No.		47 Others (Specify) 47A	
19 Employer's Name		4,093.95	
20 Registered Address 20A Zip Code		47B	
Part IV-A Summary		SUPPLEMENTARY	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21		48 Commission 48	
22 Less: Total Non-Taxable/ Exempt (Item 41) 22		49 Profit Sharing 49	
23 Taxable Compensation Income from Present Employer (Item 55) 23		50 Fees Including Director's Fees 50	
24 Add: Taxable Compensation Income from Previous Employer 24		51 Taxable 13th Month Pay and Other Benefits 51	
25 Gross Taxable Compensation Income 25		0.00	
26 Less: Total Exemptions 26		52 Hazard Pay 52	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27		53 Overtime Pay 53	
28 Net Taxable Compensation Income 28		54 Others (Specify) 54A	
29 Tax Due 29		54B	
30 Amount of Taxes Withheld 30A Present Employer 30A		55 Total Taxable Compensation Income 55	
30B Previous Employer 30B		202,044.86	
31 Total Amount of Taxes Withheld As adjusted 31			
28,637.00			
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		Date Signed	
Present Employer/ Authorized Agent Signature Over Printed Name			
CONFORME: 57 Ma. Regina Carmilli Molina		Date Signed	
CTC No. Employee Signature Over Printed Name			
of Employee Place of Issue		Date 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		59 Ma. Regina Carmilli Molina	
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		Employee Signature Over Printed Name	