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| <p>DLN:</p> <div><div><div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div></div><div>Certificate of Compensation Payment/Tax Withheld</div><div>BIR Form No. 2316 July 2008 (ENCS)</div></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 | |
| 3 Taxpayer Identification No. 265 967 307 0000 | |
| 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code ALBURO, RENANTE CUEVA 081 | |
| 6 Registered Address 6A Zip Code 46 H.F. VILLA STREET CEBU CITY | |
| 6B Local Home Address 6C Zip Code | |
| 6D Foreign Address 6E Zip Code | |
| 7 Date of Birth (MM/DD/YYYY) 10 20 1987 8 Telephone Number | |
| 9 Exemption Status Single Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No | |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) | |
| 12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per month 13 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | |
| Part II Employer Information (Present) | |
| 15 Taxpayer Identification No. 423 687 498 0000 | |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), | |
| 17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 6000 | |
| Main Employer Secondary Employer | |
| Part III Employer Information (Previous) | |
| 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) 253,364.01 | |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 99,121.74 | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 154,242.27 | |
| 24 Add: Taxable Compensation Income from Previous Employer 0.00 | |
| 25 Gross Taxable Compensation Income 154,242.27 | |
| 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 104,242.27 | |
| 29 Tax Due 15,348.45 | |
| 30 Amount of Taxes Withheld 30A Present Employer 15,647.74 | |
| 30B Previous Employer 0.00 | |
| 31 Total Amount of Taxes Withheld As adjusted 15,647.74 | |
| Part IV-B Details of Compensation Income and Tax Withheld from Present Employer | |
| A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | |
| 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 | |
| 33 Holiday Pay (MWE) 33 | |
| 34 Overtime Pay (MWE) 34 | |
| 35 Night Shift Differential (MWE) 35 | |
| 36 Hazard Pay (MWE) 36 | |
| 37 13th Month Pay and Other Benefits 37 13,498.80 | |
| 38 De Minimis Benefits 38 26,250.00 | |
| 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20 | |
| 40 Salaries & Other Forms of Compensation 40 50,202.74 | |
| 41 Total Non-Taxable/Exempt Compensation Income 41 99,121.74 | |
| B. TAXABLE COMPENSATION INCOME REGULAR | |
| 42 Basic Salary 42 152,815.42 | |
| 43 Representation 43 | |
| 44 Transportation 44 | |
| 45 Cost of Living Allowance 45 | |
| 46 Fixed Housing Allowance 46 | |
| 47 Others (Specify) 47A 1,426.85 | |
| 47B | |
| SUPPLEMENTARY | |
| 48 Commission 48 | |
| 49 Profit Sharing 49 | |
| 50 Fees Including Director's Fees 50 | |
| 51 Taxable 13th Month Pay and Other Benefits 51 0.00 | |
| 52 Hazard Pay 52 | |
| 53 Overtime Pay 53 | |
| 54 Others (Specify) 54A 54B | |
| 55 Total Taxable Compensation Income 55 154,242.27 | |
| 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: Renante Alburo Employee Signature Over Printed Name Date Signed | |
| CTC No. 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. | |
| 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 Renante Alburo Employee Signature Over Printed Name | |