

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Certificate of Compensation Payment/Tax Withheld</div>		<div>BIR Form No. 2316 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. 314 217 801 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) SANDOVAL, JOSE CHRISTIAN IAM DELICANO			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081					
6 Registered Address			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
6A Zip Code 0					
6B Local Home Address			33 Holiday Pay (MWE) 33		
6C Zip Code					
6D Foreign Address			34 Overtime Pay (MWE) 34		
6E Zip Code					
7 Date of Birth (MM/DD/YYYY) 11 11 1991			35 Night Shift Differential (MWE) 35		
8 Telephone Number					
9 Exemption Status			36 Hazard Pay (MWE) 36		
9A Is the wife claiming the additional exemption for qualified dependent children?			37 13th Month Pay and Other Benefits 37 12,792.81		
10 Name of Qualified Dependent Children			38 De Minimis Benefits 38 26,250.00		
11 Date of Birth (MM/DD/YYYY)			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20		
12 Statutory Minimum Wage rate per day 12			40 Salaries & Other Forms of Compensation 40 14,565.36		
13 Statutory Minimum Wage rate per month 13			41 Total Non-Taxable/Exempt Compensation Income 41 62,778.37		
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			B. TAXABLE COMPENSATION INCOME REGULAR		
Part II Employer Information (Present)			42 Basic Salary 42 144,343.49		
15 Taxpayer Identification No. 423 687 498 0000			43 Representation 43		
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),			44 Transportation 44		
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY			45 Cost of Living Allowance 45		
17A Zip Code 6000			46 Fixed Housing Allowance 46		
Main Employer Secondary Employer			47 Others (Specify) 47A 11,052.96		
Part III Employer Information (Previous)			47B		
18 Taxpayer Identification No.			SUPPLEMENTARY		
19 Employer's Name			48 Commission 48		
20 Registered Address			49 Profit Sharing 49		
20A Zip Code			50 Fees Including Director's Fees 50		
Part IV-A Summary			51 Taxable 13th Month Pay and Other Benefits 51 0.00		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 218,174.82			52 Hazard Pay 52		
22 Less: Total Non-Taxable/Exempt (Item 41) 22 62,778.37			53 Overtime Pay 53		
23 Taxable Compensation Income from Present Employer (Item 55) 23 155,396.45			54 Others (Specify) 54A		
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			54B		
25 Gross Taxable Compensation Income 25 155,396.45			55 Total Taxable Compensation Income 55 155,396.45		
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 28 105,396.45					
29 Tax Due 29 15,579.29					
30 Amount of Taxes Withheld 30A Present Employer 30A 17,516.75					
30B Previous Employer 30B 0.00					
31 Total Amount of Taxes Withheld As adjusted 31 17,516.75					
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: 57 Jose Christian Iam Sandoval 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.			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 Jose Christian Iam Sandoval Employee Signature Over Printed Name		