► DLN: Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No. **2316**

For Compensation Payment V	Vith or Without Tax Withh	eld	ent/rax withhei	J 	July 2008 (ENCS)
Fill in all applicable spaces. Mar 1 For the Year (YYYY) 2016		<u>/ith an "X"</u>	2 For the Period From (MM/DD)	1 01	To (MM/DD) 12 3
Part I Employee Infor	mation			on Income and T	ax Withheld from Present Employe
3 Taxpayer Identification No.	707 020	0000	A. NON-TAXABLE/EXEMPT CO	MPENSATIO	Amount N INCOME
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code SARINO, PRIME MONIQUE 081			32 Basic Salary/		
6 Registered Address		6A Zip Code	Statutory Minimum Wage Minimum Wage Earner (MWE)		
BLOCK 2 LOT 36 VLT-D VILLA	LEYSON SUBDIVISION BA	CAYA 6000 LAME	AN 33 Holiday Pay (MWE)	33	
6B Local Home Address		6C Zip Code	34 Overtime Pay (MWE)	34	
6D Foreign Address		6E Zin Codo	34 Overtime Fay (MWVE)		
6D Foreign Address		6E Zip Code	35 Night Shift Differential (MWE)	35	
7 Date of Birth (MM/DD/YYYY) 04 13 1990	8 Telephone Numb	er	36 Hazard Pay (MWE)	36	
9 Exemption Status			37 13th Month Pay and Other Benefits	37	12,548.6
Single 9A Is the wife claiming the additional of	· ·	dent children?	38 De Minimis Benefits	38	26,250.0
Yes 10 Name of Qualified Dependent Ch	No No Nildren 11 Date of Birth	(MM/DD/YYYY)			
			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues	39	9,170.2
			(Employee share only)		
12 Statutory Minimum Wage rate pe	er day 12		40 Salaries & Other Forms of Compensation	40	1,061.6
13 Statutory Minimum Wage rate pe	er month 13		41 Total Non-Taxable/Exempt Compensation Income	41	49,030.4
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax Part II Employer Information (Present)			B. TAXABLE COMPENSATION INCOME REGULAR		
15 Taxpayer Identification No. 423	687 498	0000	42 Basic Salary	42	141,413.3
16 Employer's Name TATE PUBLISHING AND	ENTERPRISES (PHIL	_IPPINES),	43 Representation	43	<u> </u>
17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 6000			44 Transportation	44	
Main Employer	Secondary Employer		45 Cost of Living Allowance	45	
Part III Employer In 18 Taxpayer	formation (Previous)		46 Fixed Housing Allowance	46	
Identification No. 19 Employer's Name			47 Others (Specify)		
•			47A	47A	1,789.9
20 Registered Address		20A Zip Code	47B	47B	
Part IV-A	Summary		SUPPLEMENTARY 48 Commission	48	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 5	21	192,233.72			
22 Less: Total Non-Taxable/ Exempt (Item 41)	22	49,030.43	49 Profit Sharing	49	
23 Taxable Compensation Income from Present Employer (Item 55)	23	143,203.29	50 Fees Including Director's	50	
24 Add: Taxable Compensation Income from Previous Employer	24	0.00	Fees	F4	
25 Gross Taxable Compensation Income26 Less: Total Exemptions	25	143,203.29	51 Taxable 13th Month Pay and Other Benefits	51	0.0
27 Less: Premium Paid on Health	27	50,000.00	52 Hazard Pav	52	
and/or Hospital Insurance (If applicable) 28 Net Taxable	28	93,203.29	53 Overtime Pay	53	
Compensation Income 29 Tax Due	29	13,140.66	54 Others (Specify)		
30 Amount of Taxes Withheld	204	15,078.12	54A	54A	
30A Present Employer	30A	·	54B	54B	
30B Previous Employer31 Total Amount of Taxes Withheld As adjusted	30B 31	0.00 15,078.12	55 Total Taxable Compensation Income	55	143,203.2
We declare, under the penalties or pursuant to the provisions of the Nation			aith, verified by us, and to the best of our	knowledge and	belief, is true and correct
Present Employer/ Authorize	ed Agent Signature Over Printed N	Name	Zato Orginod		
₅₇ Prime N	Monique Sarino ignature Over Printed Name		Date Signed		Amount Paid
of Employee	Place of Issue		Date of Issue		
I declare, under the penalties of perjury	, that the information herein state	ed are reported	I declare, under the penalties of perjury Income Tax Returns (BIR Form No. 1700)		
under BIR Form No. 1604CF which has b	een riied with the Bureau of Intern Rose T. Bartulin	ai Nevelluë.	from only one employer in the Phils. correctly withheld by my employer (tax d	for the calenda	r year; that taxes have been
Present Employer/ Authorize	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				
(Head of Accounting/ Human I	Resource or Authorized Represer	ntative)	had been filed pursuant to the provisions 59 Prime Mo Employee Sign	of RR No. 3-20 onique Sa nature Over Prin	