


<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. 405 198 036 0000	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code MOLINA, MA. REGINA CARMILLI ANIBAN 081	
6 Registered Address 6A Zip Code V44 JUANA OSMEÑA±A EXT. P8, BRGY. CAMPUTHAW 6000	
6B Local Home Address 6C Zip Code	
6D Foreign Address 6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 12 10 1988	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) 255,617.93	
22 Less: Total Non-Taxable/Exempt (Item 41) 53,573.07	
23 Taxable Compensation Income from Present Employer (Item 55) 202,044.86	
24 Add: Taxable Compensation Income from Previous Employer 0.00	
25 Gross Taxable Compensation Income 202,044.86	
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 152,044.86	
29 Tax Due 25,511.22	
30 Amount of Taxes Withheld 30A Present Employer 28,637.00	
30B Previous Employer 0.00	
31 Total Amount of Taxes Withheld As adjusted 31 28,637.00	
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 17,328.77	
38 De Minimis Benefits 38 26,250.00	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,994.30	
40 Salaries & Other Forms of Compensation 40 0.00	
41 Total Non-Taxable/Exempt Compensation Income 41 53,573.07	
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary 42 197,950.91	
43 Representation 43	
44 Transportation 44	
45 Cost of Living Allowance 45	
46 Fixed Housing Allowance 46	
47 Others (Specify) 47A 4,093.95	
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 55 202,044.86	
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 Ma. Regina Carmilli Molina 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 Ma. Regina Carmilli Molina Employee Signature Over Printed Name	