► 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/Tax withhei	<u> </u>	July 2008 (ENCS)
1 For the Year (YYYY) 2016		ntri ari X	2 For the Period From (MM/DD)	1 01	To (MM/DD) 12 31
Part I Employee Infor	mation			on Income and	Tax Withheld from Present Employer
3 Taxpayer Identification No.	405 749	0000	A. NON-TAXABLE/EXEMPT CO	MPENSATIO	Amount ON INCOME
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code BUTAD, ROGIENA CAMILLE LOZADA 081			32 Basic Salary/	32	
6 Registered Address 6A Zip Code			Statutory Minimum Wage Minimum Wage Earner (MWE)		
PHASE 1 BLOCK 18 LOT 1 DIAMOND STREET, VILLA LEYSON, BACAYAN			CEBU CITY 33 Holiday Pay (MWE)	33	
6B Local Home Address 6C Zip Code			34 Overtime Pay (MWE)	34	
6D Foreign Address		6E Zip Code	, , , , , , , , , , , , , , , , , , ,	25	
			35 Night Shift Differential (MWE)	35	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 07 07 1993			36 Hazard Pay (MWE)	36	
9 Exemption Status			37 13th Month Pay and Other Benefits	37	13,461.64
Single 9A Is the wife claiming the additional of	Married	dent children?	38 De Minimis Benefits	38	
Yes	No		De Millimis Bellents	30	26,250.00
10 Name of Qualified Dependent Ch	nildren 11 Date of Birth	(MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig	39	9,170.20
			Contributions, & Union Dues (Employee share only)		3,170.20
			40 Salaries & Other Forms of	40	4,586.30
12 Statutory Minimum Wage rate pe	er day 12		Compensation	10	4,360.30
13 Statutory Minimum Wage rate pe	er month 13		41 Total Non-Taxable/Exempt Compensation Income	41	53,468.14
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			B. TAXABLE COMPENSATION	INCOME	
Part II Employer Infor	mation (Present)		REGULAR		
Identification No. 423 16 Employer's Name	687 498	0000	42 Basic Salary	42	152,369.52
TATE PUBLISHING AND	ENTERPRISES (PHIL	_IPPINES),	43 Representation	43	
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	
	formation (Previous)		46 Fixed Housing Allowance	46	
Identification No.	<u> </u>		47 Others (Specify)	40	
- Employer's Name			47A	47A	2,140.28
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	207,977.94	46 Commission	40	
22 Less: Total Non-Taxable/ Exempt (Item 41)	22	53,468.14	49 Profit Sharing	49	
23 Taxable Compensation Income from Present Employer (Item 55)	23	154,509.80	50 Fees Including Director's	50	
24 Add: Taxable Compensation Income from Previous Employer	24	0.00	Fees		
25 Gross Taxable Compensation Income26 Less: Total Exemptions	25	154,509.80	51 Taxable 13th Month Pay and Other Benefits	51	0.00
27 Less: Premium Paid on Health	27	50,000.00	52 Hazard Pav	52	
and/or Hospital Insurance (If applicable) 28 Net Taxable	28	0.00 104,509.80	53 Overtime Pay	53	
Compensation Income 29 Tax Due	29	15,401.96	54 Others (Specify)		
30 Amount of Taxes Withheld	30A	17,339.44	54A	54A	
30A Present Employer 30B Previous Employer	30A 30B	0.00	54B	54B	
31 Total Amount of Taxes Withheld		17,339.44	55 Total Taxable Compensation	55	154,509.80
		peen made in good f	Income aith, verified by us, and to the best of our	knowledge and	d belief, is true and correct
	Rose T. Bartulin Rose T. Bartulin ed Agent Signature Over Printed N		Date Signed Later authority thereof.		
CONFORME: Rogiena	a Camille Butad		Date Signed		
CTC No. Employee S of Employee	ignature Over Printed Name Place of Issue	-	Date of Issue		Amount Paid
I declare, under the penalties of perjury			nder substituted filing I declare, under the penalties of perjury	that I am qualif	ied under substituted filing of
under BIR Form No. 1604CF which has b	Income Tax Returns(BIR Form No. 170 from only one employer in the Phils.	0), since I recei	ived purely compensation income ar year; that taxes have been		
58Diana R	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;				
Present Employer/ Authorize (Head of Accounting/ Human I	nd that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 and been filed pursuant to the provisions of RR No. 3-2002, as amended. 59 Rogiena Camille Butad				
				nature Over Pri	