

 <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. 251 817 665 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) SANCHEZ, CLEOFIE MARIE FAELNAR			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
6 Registered Address 12 UPPER DON GERVACIO QUIJADA STREET, GUADALUPE			33 Holiday Pay (MWE) 33		
6A Zip Code 0			34 Overtime Pay (MWE) 34		
6B Local Home Address			35 Night Shift Differential (MWE) 35		
6C Zip Code			36 Hazard Pay (MWE) 36		
6D Foreign Address			37 13th Month Pay and Other Benefits 37 21,575.34		
6E Zip Code			38 De Minimis Benefits 38 26,250.00		
7 Date of Birth (MM/DD/YYYY) 04 17 1986		8 Telephone Number		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 10,619.30	
9 Exemption Status				40 Salaries & Other Forms of Compensation 40 60,424.66	
9A Is the wife claiming the additional exemption for qualified dependent children?				41 Total Non-Taxable/Exempt Compensation Income 41 118,869.30	
10 Name of Qualified Dependent Children		11 Date of Birth (MM/DD/YYYY)		B. TAXABLE COMPENSATION INCOME REGULAR	
				42 Basic Salary 42 248,284.80	
				43 Representation 43	
				44 Transportation 44	
				45 Cost of Living Allowance 45	
				46 Fixed Housing Allowance 46	
				47 Others (Specify) 47A 4,330.15	
				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 8,480.74	
				52 Hazard Pay 52	
				53 Overtime Pay 53	
				54 Others (Specify) 54A 54B	
				55 Total Taxable Compensation Income 55 261,095.69	
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 SALINAS DRIVE LAHUG CEBU CITY			17A Zip Code 6000		
Main Employer Secondary Employer					
Part III Employer Information (Previous)					
18 Taxpayer Identification No.					
19 Employer's Name					
20 Registered Address			20A Zip Code		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 379,964.99					
22 Less: Total Non-Taxable/Exempt (Item 41) 118,869.30					
23 Taxable Compensation Income from Present Employer (Item 55) 261,095.69					
24 Add: Taxable Compensation Income from Previous Employer 0.00					
25 Gross Taxable Compensation Income 261,095.69					
26 Less: Total Exemptions 75,000.00					
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00					
28 Net Taxable Compensation Income 186,095.69					
29 Tax Due 34,023.92					
30 Amount of Taxes Withheld 30A Present Employer 35,809.27					
30B Previous Employer 0.00					
31 Total Amount of Taxes Withheld As adjusted 35,809.27					
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: 57 Cleofie Marie Sanchez Employee Signature Over Printed Name			Date Signed		
CTC No. of Employee			Date of Issue		
Place 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 Cleofie Marie Sanchez Employee Signature Over Printed Name		