

DLN:

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas InternasCertificate of Compensation
Payment/Tax Withheld

BIR Form No.

2316

July 2008 (ENCS)

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)	09 26	To (MM/DD)	12 31
-----------------------	------	-------------------------------	-------	------------	-------

Part I Employee Information

3 Taxpayer Identification No. 299 200 007 0000

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code
AYING, MA. MELIZZA R. 0816 Registered Address 6A Zip Code
11- B SANSON ROAD , BRGY. LAHUG CEBU CITY

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number
08 05 19889 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) 21 31,536.52

22 Less: Total Non-Taxable/Exempt (Item 41) 22 7,312.60

23 Taxable Compensation Income from Present Employer (Item 55) 23 24,223.92

24 Add: Taxable Compensation Income from Previous Employer 24 0.00

25 Gross Taxable Compensation Income 25 24,223.92

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 0.00

29 Tax Due 29 0.00

30 Amount of Taxes Withheld 30A Present Employer 30A 2,930.98

30B Previous Employer 30B 0.00

31 Total Amount of Taxes Withheld As adjusted 31 2,930.98

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

Amount

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 2,000.00

38 De Minimis Benefits 38 3,750.00

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 1,562.60

40 Salaries & Other Forms of Compensation 40 0.00

41 Total Non-Taxable/Exempt Compensation Income 41 7,312.60

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary 42 22,437.40

43 Representation 43

44 Transportation 44

45 Cost of Living Allowance 45

46 Fixed Housing Allowance 46

47 Others (Specify)

47A 47A 1,786.52

47B 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 54A

54B 54B

55 Total Taxable Compensation Income 55 24,223.92

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. Melizza Aying
CTC No. Employee Signature Over Printed Name

Date Signed

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. Melizza Aying
Employee Signature Over Printed Name