▶ DLN:	
Republika ng Pilipinas Kagawaran ng Pananalapi Certifica	te of Compensation
Kawanihan ng Rentas Internas Payme	ent/Tax Withheld 2316
For Compensation Payment With or Without Tax Withheld	July 2008 (ENCS)
Fill in all applicable spaces. Mark all appropriate boxes with an "X"	2 For the Period 04 04
(YYYY) 2016	2 For the Period
Part I Employee Information 3 Taxpayer 244 205 200 200	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer Amount
Identification No. ► 314 905 393 0000 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code TELEN, GRAM 081	32 Basic Salary/
6 Registered Address 6A Zip Code	Statutory Minimum Wage Minimum Wage Earner (MWE)
14 WILSON STREET, LAHUG, CEBU CITY 6000	33 Holiday Pay (MWE) 33
6B Local Home Address 6C Zip Code	
•	34 Overtime Pay (MWE) 34
6D Foreign Address 6E Zip Code	35 Night Shift Differential (MWE) 35
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE) 36
11 02 1988	
Exemption Status	37 13th Month Pay 37 and Other Benefits 12,707.88
Single Married 9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minimis Benefits 38 25 250 00
Yes No	26,250.00
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig 39
	Contributions, & Union Dues 9,170.20
	(Employee share only)
12 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of 40 Compensation 23,940.00
13 Statutory Minimum Wage rate per month 13	41 Total Non-Taxable/Exempt 41 Compensation Income 72,068.08
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	B. TAXABLE COMPENSATION INCOME
Part II Employer Information (Present)	REGULAR
Identification No.	42 Basic Salary 42 143,324.31
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),	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
Part III Employer Information (Previous) 18 Taxpayer	46 Fixed Housing Allowance 46
Identification No.	47 Others (Specify)
2 Employer o Namo	47A 1,783.56
20 Registered Address 20A Zip Code	47B 47B
	SUPPLEMENTARY
Part IV-A Summary 21 Gross Compensation Income from 21 217,175.95	48 Commission 48
Present Employer (Item 41 plus Item 55)	40 Profit Charing
Exempt (Item 41) 72,068.08	
from Present Employer (Item 55) 145,107.87	Food
Income from Previous Employer 0.00	E4 Toyahla 19th Month Day E4
Compensation Income 145,107.87	and Other Benefits
75,000.00	52 Hazard Pay 52
and/or Hospital Insurance (If applicable)	53 Overtime Pay 53
Compensation Income 70,107.87	
8,521.57	540
30A Present Employer 30A 11,086.86	
30B Previous Employer 30B 0.00	548548
31 Total Amount of Taxes Withheld 31 11,086.86	55 Total Taxable Compensation 55 145,107.87 Income
We declare, under the penalties of perjury, that this certificate has been made in good pursuant to the provisions of the National Internal Revenue Code, as amended, and the reg	faith, verified by us, and to the best of our knowledge and belief, is true and correct
56 Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed Inder authority thereof.
CONFORME: Gram Telen	Date Signed
CTC No. Employee Signature Over Printed Name of Employee Place of Issue	Date of Issue Amount Paid
	nder 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
Diana Rose T. Bartulin	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
Present Employer/ Authorized Agent Signature Over Printed Name	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
1 100011 Employoff / tatrionzou / tgork Orginataro O voi 1 mitou i tatrio	had been filed pursuant to the provisions of RR No. 3-2002, as amended. 59 Gram Telen