


DLN:		BIR Form No.	
 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		Certificate of Compensation Payment/Tax Withheld	
For Compensation Payment With or Without Tax Withheld		2316 July 2008 (ENCS)	
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. 246 227 998 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code CALINAO, PAUL NOEL ENDOMA 081		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
6 Registered Address 6A Zip Code SITIO PANAG-ABAY KALUBIHAN, BRGY. KALUNASAN CEBU CITY		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6B Local Home Address 6C Zip Code		33 Holiday Pay (MWE) 33	
6D Foreign Address 6E Zip Code		34 Overtime Pay (MWE) 34	
7 Date of Birth (MM/DD/YYYY) 12 25 1985 8 Telephone Number		35 Night Shift Differential (MWE) 35	
9 Exemption Status Single Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No		36 Hazard Pay (MWE) 36	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		37 13th Month Pay and Other Benefits 37 13,912.33	
12 Statutory Minimum Wage rate per day 12		38 De Minimis Benefits 38 26,250.00	
13 Statutory Minimum Wage rate per month 13		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,494.30	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		40 Salaries & Other Forms of Compensation 40 7,130.14	
Part II Employer Information (Present)		41 Total Non-Taxable/Exempt Compensation Income 41 56,786.77	
15 Taxpayer Identification No. 423 687 498 0000		B. TAXABLE COMPENSATION INCOME REGULAR	
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),		42 Basic Salary 42 157,453.64	
17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 6000		43 Representation 43	
Main Employer Secondary Employer		44 Transportation 44	
Part III Employer Information (Previous)		45 Cost of Living Allowance 45	
18 Taxpayer Identification No.		46 Fixed Housing Allowance 46	
19 Employer's Name		47 Others (Specify) 47A 2,524.95	
20 Registered Address 20A Zip Code		47B	
Part IV-A Summary		SUPPLEMENTARY	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 216,765.36		48 Commission 48	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 56,786.77		49 Profit Sharing 49	
23 Taxable Compensation Income from Present Employer (Item 55) 23 159,978.59		50 Fees Including Director's Fees 50	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
25 Gross Taxable Compensation Income 25 159,978.59		52 Hazard Pay 52	
26 Less: Total Exemptions 26 50,000.00		53 Overtime Pay 53	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		54 Others (Specify) 54A 54B	
28 Net Taxable Compensation Income 28 109,978.59		55 Total Taxable Compensation Income 55 159,978.59	
29 Tax Due 29 16,495.72			
30 Amount of Taxes Withheld 30A Present Employer 30A 18,433.19			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 18,433.19			
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: Paul Noel Calinao CTC No. Employee Signature Over Printed Name		Date Signed	
of Employee Place of Issue		Date of Issue	
To be accomplished under substituted filing		Amount Paid	
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 Paul Noel Calinao Employee Signature Over Printed Name	