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|  <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. 256 851 802 0000 | | | Amount | | |
| 4 Employee's Name (Last Name, First Name, Middle Name) LUNZAGA, ROJEL BARAN | | | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | |
| 5 RDO Code 081 | | | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 | | |
| 6 Registered Address PANAG-ABAY, BRGY. KALUNASAN, CEBU CITY | | | 33 Holiday Pay (MWE) 33 | | |
| 6A Zip Code | | | 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 9,365.46 | | |
| 6E Zip Code | | | 38 De Minimis Benefits 38 26,250.00 | | |
| 7 Date of Birth (MM/DD/YYYY) 06 12 1987 | | 8 Telephone Number | | | |
| 9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | | | | |
| 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 10 Name of Qualified Dependent Children | | | 11 Date of Birth (MM/DD/YYYY) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 12 Statutory Minimum Wage rate per day 12 | | | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 6,546.50 | | |
| 13 Statutory Minimum Wage rate per month 13 | | | 40 Salaries & Other Forms of Compensation 40 2,621.14 | | |
| 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | | | 41 Total Non-Taxable/Exempt Compensation Income 41 44,783.10 | | |
| Part II Employer Information (Present) | | | B. TAXABLE COMPENSATION INCOME REGULAR | | |
| 15 Taxpayer Identification No. 423 687 498 0000 | | | 42 Basic Salary 42 105,839.00 | | |
| 16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES), | | | 43 Representation 43 | | |
| 17 Registered Address SALINAS DRIVE LAHUG CEBU CITY | | | 44 Transportation 44 | | |
| 17A Zip Code 6000 | | | 45 Cost of Living Allowance 45 | | |
| <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer | | | 46 Fixed Housing Allowance 46 | | |
| Part III Employer Information (Previous) | | | 47 Others (Specify) 47A 6,594.47 | | |
| 18 Taxpayer Identification No. | | | 47B | | |
| 19 Employer's Name | | | SUPPLEMENTARY | | |
| 20 Registered Address | | | 48 Commission 48 | | |
| 20A Zip Code | | | 49 Profit Sharing 49 | | |
| Part IV-A Summary | | | 50 Fees Including Director's Fees 50 | | |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 157,216.57 | | | 51 Taxable 13th Month Pay and Other Benefits 51 0.00 | | |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 44,783.10 | | | 52 Hazard Pay 52 | | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 112,433.47 | | | 53 Overtime Pay 53 | | |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00 | | | 54 Others (Specify) 54A 54B | | |
| 25 Gross Taxable Compensation Income 25 112,433.47 | | | 55 Total Taxable Compensation Income 55 112,433.47 | | |
| 26 Less: Total Exemptions 26 100,000.00 | | | | | |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00 | | | | | |
| 28 Net Taxable Compensation Income 28 12,433.47 | | | | | |
| 29 Tax Due 29 743.35 | | | | | |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 113.96 | | | | | |
| 30B Previous Employer 30B 0.00 | | | | | |
| 31 Total Amount of Taxes Withheld As adjusted 31 113.96 | | | | | |
| 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 Rojel Lunzaga Employee Signature Over Printed Name | | | Date Signed | | |
| CTC No. 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. | | | 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 Rojel Lunzaga Employee Signature Over Printed Name | | |