

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Certificate of Compensation Payment/Tax Withheld</div>		<div>BIR Form No. <b>2316</b> 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. 317 320 865 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) PENAYES, SEBASTIAN			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
6 Registered Address PHASE 2, LOT 17, LYCHEE ST., PANAD RD., MARIGONDON			33 Holiday Pay (MWE) 33		
6A Zip Code 6015			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 11,975.34		
6E Zip Code			38 De Minimis Benefits 38 26,250.00		
7 Date of Birth (MM/DD/YYYY) 07 01 1992			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20		
8 Telephone Number			40 Salaries & Other Forms of Compensation 40 0.00		
9 Exemption Status Single Married			41 Total Non-Taxable/Exempt Compensation Income 41 47,395.54		
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No			B. TAXABLE COMPENSATION INCOME REGULAR		
10 Name of Qualified Dependent Children			42 Basic Salary 42 134,533.91		
11 Date of Birth (MM/DD/YYYY)			43 Representation 43		
			44 Transportation 44		
			45 Cost of Living Allowance 45		
			46 Fixed Housing Allowance 46		
12 Statutory Minimum Wage rate per day 12			47 Others (Specify) 47A 10,188.55		
13 Statutory Minimum Wage rate per month 13			47B		
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			SUPPLEMENTARY		
Part II Employer Information (Present)			48 Commission 48		
15 Taxpayer Identification No. 423 687 498 0000			49 Profit Sharing 49		
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),			50 Fees Including Director's Fees 50		
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY			51 Taxable 13th Month Pay and Other Benefits 51 0.00		
17A Zip Code 6000			52 Hazard Pay 52		
Main Employer Secondary Employer			53 Overtime Pay 53		
Part III Employer Information (Previous)			54 Others (Specify) 54A 54B		
18 Taxpayer Identification No.			55 Total Taxable Compensation Income 55 144,722.46		
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) 21 192,118.00					
22 Less: Total Non-Taxable/Exempt (Item 41) 22 47,395.54					
23 Taxable Compensation Income from Present Employer (Item 55) 23 144,722.46					
24 Add: Taxable Compensation Income from Previous Employer 24 0.00					
25 Gross Taxable Compensation Income 25 144,722.46					
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 94,722.46					
29 Tax Due 29 13,444.49					
30 Amount of Taxes Withheld 30A Present Employer 30A 15,381.97					
30B Previous Employer 30B 0.00					
31 Total Amount of Taxes Withheld As adjusted 31 15,381.97					
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: Sebastian Penayes Date Signed					
CTC No. Employee Signature Over Printed Name Date of Issue Amount Paid					
of Employee Place of Issue					
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 Sebastian Penayes Employee Signature Over Printed Name		