F	Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For Compensation Payment With or Without Tax Withheld in all applicable spaces. Mark all appropriate boxes with an "X" Certificate of Compensation Payment/Tax Withheld Payment/Tax Withheld							BIR Form No. 2316 July 2008 (ENCS)	
<u>- </u>	For the Year (YYYY)		ate poxes wi	tn an "X"	2	For the Period From (MM/DD)	1 01	To (MM/DD) 12 31	
ar	t I Employee Inform	mation			Pa	TIOM (MINI/DB)	on Income a	nd Tax Withheld from Present Employer	
ld	entification No. 231	361	916	0000	A.	NON-TAXABLE/EXEMPT CO	MPENSA ⁻	Amount TION INCOME	
	mployee's Name (Last Name, Firs DOBLADOS, JEFFREY JANAIRO		· Name)	5 RDO Code 081	32	Basic Salary/	32		
	egistered Address			6A Zip Code		Statutory Minimum Wage Minimum Wage Earner (MWE)			
					33	Holiday Pay (MWE)	33		
6B Local Home Address 6C Zip Code					34	Overtime Pay (MWE)	34		
SD_	Foreign Address			6E Zip Code	35	Night Shift Differential (MWE)	35		
<u>_</u>	Date of Birth (MM/DD/YYYY)	8 Tele	phone Numbe	ar.	36	Hazard Pay (MWE)	36		
Ĺ	02 13 1979		priorie i varibe			13th Month Pay	37		
) E	xemption Status Single	Ma	rried		ľ	and Other Benefits		46,063.70	
	Is the wife claiming the additional e Yes Name of Qualified Dependent Chi	xemption for qu No	alified depende		38	De Minimis Benefits	38	26,250.00	
	Name of Qualified Dependent On		Date of Birtin (i	VIIVI/DD/1111)	39	SSS, GSIS, PHIC & Pag-ibig	39	11,869.30	
F						Contributions, & Union Dues (Employee share only)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Chatalana Minima	r do:			40	Salaries & Other Forms of	40	18,271.23	
	Statutory Minimum Wage rate pe				.	Compensation	44		
	Statutory Minimum Wage rate pe			from	41	Total Non-Taxable/Exempt Compensation Income	41	102,454.23	
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax Part II Employer Information (Present)					в.	TAXABLE COMPENSATION REGULAR	INCOME		
ld	entification No. 423	687	498	0000	42	Basic Salary	42	540,895.06	
▶	Employer's Name TATE PUBLISHING AND	ENTERPRI	SES (PHIL	IPPINES),	43	Representation	43		
7 F	Registered Address SALINAS DRIVE LAHUG	CERLICIT		17A Zip Code	44	Transportation	44		
	Main Employer	Secondary		6000		Cost of Living Allowance	45		
		ormation (Prev			1	Fixed Housing Allowance	46		
ld	entification No.	<u> </u>	<u> </u>	<u> </u>		Others (Specify)	40		
	Imployers Name				47		47A	11,742.92	
20 F	Registered Address			20A Zip Code	47	В	47B		
ar	t IV-A	Summary			48	SUPPLEMENTARY Commission	48		
21	Gross Compensation Income from Present Employer (Item 41 plus Item 55	21 5)		655,092.21					
	Less: Total Non-Taxable/ Exempt (Item 41)	22		102,454.23	49	Profit Sharing	49		
	Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation	23		552,637.98	50	Fees Including Director's Fees	50		
25	Income from Previous Employer Gross Taxable	25		0.00 552,637.98	51	Taxable 13th Month Pay	51	0.00	
	Compensation Income Less: Total Exemptions	26		100,000.00	52	and Other Benefits Hazard Pav	52	,	
	Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27		0.00			32		
28	Net Taxable Compensation Income	28		452,637.98		Overtime Pay	53		
	Tax Due Amount of Taxes Withheld	29		110,791.39		Others (Specify)	540		
	Amount of Taxes Withheld 30A Present Employer	30A		118,219.19	54. 54		54A 54B		
	30B Previous Employer	30B		0.00		Total Taxable Compensation	55	552,637.98	
31	Total Amount of Taxes Withheld As adjusted We declare, under the penalties of	f perjury, that this	certificate has be	118,219.19		Income verified by us, and to the best of our		·	
	pursuant to the provisions of the Nation 56 Diana R Present Employer/ Authorizer CONFORME: 57 Jeffre	nal Internal Reven Rose T. Bart	ue Code, as amo ulin Over Printed Na S ed Name	ended, and the regu	latio Dat Dat			Amount Paid	
To be accomplished under substituted filing I declare, under the penalties of perjury, that the information herein stated are reported I declare, under the penalties of perjury that I am qualified under substituted filing of									
58 Diana Rose T. Bartulin Present Employer/ Authorized Agent Signature Over Printed Name					fror cor No. and	income Tax Returns(BIR Form No. 1700), since I received purely compensation income rirom 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. Setting Doblados			