DLN:	
Republika ng Pilipinas Kagawaran ng Pananalapi Certificate of Compensation  BIR Form No.  216	
Kawanihan ng Rentas Internas  Certificate of Compensation  Payment/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
(YYYY) ► <b>2016</b>	► 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  Amount
Identification No. ► 309   954   439   000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
Employee's Name (Last Name, First Name, Middle Name) 5 RDC TAMPUS, SHEMARYL COSEP 08	32 Basic Salary/ 32
Registered Address 6A Zip C	Statutory Minimum vv age
HUMAY-HUMAY STREET 60'	14 33 Holiday Pay (MWE)
6C Zip C	Code
•	34 Overtime Pay (MWE) 34
BD Foreign Address 6E Zip C	35 Night Shift Differential (MWE)
/ Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE) 36
05 08 1991	
Exemption Status	37 13th Month Pay 37 and Other Benefits 13,233.39
Single Married  A Is the wife cl <u>aiming</u> the additional exemp <u>tion fo</u> r qualified dependent childr	ren? 38 De Minimis Benefits 38
Yes No	20,230.00
Name of Qualified Dependent Children     Date of Birth (MM/DD/Y)	39 SSS GSIS PHIC & Pag-ibig 39
	Contributions, & Union Dues 9,170.20
	(Employee share only)
2 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of Compensation 6,000.00
	44 Total Non Toyakla/Eyempt 44
, , , , , , , , , , , , , , , , , , , ,	41 Total Non-Taxable/Exempt 41 Compensation Income 54,653.59
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)  5 Taxpayer 400 400 400 400	REGULAR
Identification No.	00 . 42 Basic Salary 42 149,630.47
6 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINE	ES), 43 Representation 43
7 Registered Address 17A Zip	Code
SALINAS DRIVE LAHUG CEBU CITY 600	
Main Employer Secondary Employer Part III Employer Information (Previous)	45 Cost of Living Allowance 45
8 Taxpayer	46 Fixed Housing Allowance 46
Identification No.  9 Employer's Name	47 Others (Specify)
	<sup>47A</sup> 11,075.90
20 Registered Address 20A Zip	Code 47B 47B
	SUPPLEMENTARY
Part IV-A Summary 21 Gross Compensation Income from 21 215,33	48 Commission 48 59 96
Present Employer (Item 41 plus Item 55)	40 Profit Charing
22 Tayabla Companyation Income 23	53.59
from Present Employer (Item 55)  4 Add: Taxable Compensation  24	Foos
Income from Previous Employer 25 Gross Taxable 25 Income from Previous Employer 25 Income from Previous Employer	0.00   51 Taxable 13th Month Pay 51   0.00
Compensation Income 160,70	and Other Benefits
7 Less: Premium Paid on Health 27	00.00 52 Hazard Pav 52
and/or Hospital Insurance (If applicable)  8 Net Taxable  Compensation Income	0.00   53 Overtime Pay 53
Compensation income	41.27 54 Others (Specify)
10,00	540
30A Present Employer 30A 18,56	88.80 54B
30B Previous Employer 30B	0.00
As adjusted	88.80 55 Total Taxable Compensation 55 Income 160,706.37
pursuant to the provisions of the National Internal Revenue Code, as amended, and	
56 <u>Diana Rose T. Bartulin</u> Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed
CONFORME: Shemaryl Tampus	Date Signed
CTC No. Employee Signature Over Printed Name of Employee Place of Issue	Date of Issue Amount Paid
To be accomplished under substituted filling	
I declare, under the penalties of perjury, that the information herein stated are repor under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue	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 No. 1604CF filed by my employer to the BIR shall constitute as my income tax return;
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700
(11000 0171000 and by Transactivesource of Authorized Nepresentative)	had been filed pursuant to the provisions of RR No. 3-2002, as amended.  59 Shemaryl Tampus