► DLN:					
Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas  Certificate of Compensation Payment/Tax Withheld  Payment/Tax Withheld					
For Compensation Payment With or Without Tax Withheld				July 2008 (EN	ICS)
Fill in all applicable spaces. Mark all appropriate boxes with an for the Year 2016	n "X"	2 For the Period 0	1 01		12 31
Part I Employee Information		From (MIM/DD)	•	To (MM/DD)	
R Taynaver	0000	A. NON-TAXABLE/EXEMPT CO		Amount	em Employer
Identification No.	RDO Code			TION INCOME	
ALBURO, RENANTE CUEVA	001	32 Basic Salary/ Statutory Minimum Wage	32		
6A Z 46 H.F. VILLA STREET CEBU CITY	Zip Code	Minimum Wage Earner (MWE)			
6B Local Home Address 6C Z	Zip Code	33 Holiday Pay (MWE)	33		
•		34 Overtime Pay (MWE)	34		
SD Foreign Address 6E Z	Zip Code	35 Night Shift Differential (MWE)	35		
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 10 20 1987		36 Hazard Pay (MWE)	36		
Exemption Status  Single  Marriad		37 13th Month Pay and Other Benefits	37		13,498.80
Single Married  Single Married  Single No		38 De Minimis Benefits	38	:	26,250.00
10 Name of Qualified Dependent Children  11 Date of Birth (MM/D	,	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39		9,170.20
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation	40		50,202.74
13 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt Compensation Income	41		99,121.74
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax  Part II Employer Information (Present)		B. TAXABLE COMPENSATION I	INCOME		
I5 Taxpayer dentification No. 423 687 498 (	0000	<b>42</b> Basic Salary	42	1:	52,815.42
I6 Employer's Name  TATE PUBLISHING AND ENTERPRISES (PHILIPP	INES).	<b>43</b> Representation	43		
17 Registered Address 17A	Zip Code	·	44		
	0000	<b>44</b> Transportation			
Main Employer Secondary Employer Part III Employer Information (Previous)		45 Cost of Living Allowance	45		
Identification No.		46 Fixed Housing Allowance	46		
9 Employer's Name		47 Others (Specify) 47A	47A		1,426.85
20 Registered Address 20A	Zip Code	47B	47B		1,420.00
		SUPPLEMENTARY			
Part IV-A Summary 21 Gross Compensation Income from 21 25	3,364.01	48 Commission	48		
Present Employer (Item 41 plus Item 55)  22 Less: Total Non-Taxable/  22 O	<u>,                                      </u>	49 Profit Sharing	49		
22 Toyoble Componentian Income 23	4 0 40 07	50 Fees Including Director's	50		
24 Add: Taxable Compensation lincome from Previous Employer	0.00	Fees			
25 Gross Taxable Compensation Income 15	4,242.27	51 Taxable 13th Month Pay and Other Benefits	51		0.00
26 Less: Total Exemptions 26 5		52 Hazard Pav	52		
27 Less: Premium Paid on Health 27 and/or Hospital Insurance (If applicable)	0.00	53 Overtime Pay	53		
Compensation Income 104	4,242.21	54 Others (Specify)			
30 Amount of Taxes Withheld	5,346.45	54A	54A		
	5,647.74	54B	54B		
30B Previous Employer 30B 31 Total Amount of Taxes Withheld 31 1	0.00 5,647.74	55 Total Taxable Compensation	55	1:	54,242.27
As adjusted  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  CONFORME:	Date Signed				
CTC No. Employee Signature Over Printed Name	<u> </u>	Date Signed		Amount	Paid
of Employee Place of Issue		Date of Issue			
I declare, under the penalties of perjury, that the information herein stated are runder BIR Form No. 1604CF which has been filed with the Bureau of Internal Reve	reported	<b>der substituted filing</b> I declare,under the penalties of perjury to lincome Tax Returns(BIR Form No. 1700)			
Diana Rose T. Bartulin	from only one employer in the Phils. correctly withheld by my employer (tax d	ne Tax Returns(BIR Form No. 1700), since I received purely compensation income only one employer in the Phils. for the calendar year; that taxes have been ctly withheld by my employer (tax due equals tax withheld); that the BIR Form			
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	No. 1604CF filed by my employer to the and that BIR Form No. 2316 shall serve had been filed pursuant to the provisions	the same pu	urpose as if BIR Form No		

Renante Alburo 59\_