


DLN:		BIR Form No.	
 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		Certificate of Compensation Payment/Tax Withheld	
For Compensation Payment With or Without Tax Withheld		2316	
		July 2008 (ENCS)	
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. 322 534 382 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) OUANO, KEVIN RAFAEL RADIN		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 081		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address BANILA, CEBU CITY		6A Zip Code 6000	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 08 02 1992		8 Telephone Number	
9 Exemption Status		33 Holiday Pay (MWE) 33	
9A Is the wife claiming the additional exemption for qualified dependent children?		34 Overtime Pay (MWE) 34	
10 Name of Qualified Dependent Children		35 Night Shift Differential (MWE) 35	
11 Date of Birth (MM/DD/YYYY)		36 Hazard Pay (MWE) 36	
12 Statutory Minimum Wage rate per day 12		37 13th Month Pay and Other Benefits 37 12,373.46	
13 Statutory Minimum Wage rate per month 13		38 De Minimis Benefits 38 26,250.00	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20	
Part II Employer Information (Present)		40 Salaries & Other Forms of Compensation 40 37,895.89	
15 Taxpayer Identification No. 423 687 498 0000		41 Total Non-Taxable/Exempt Compensation Income 41 85,689.55	
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),		B. TAXABLE COMPENSATION INCOME REGULAR	
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY		17A Zip Code 6000	
Main Employer Secondary Employer		42 Basic Salary 42 139,311.30	
Part III Employer Information (Previous)		43 Representation 43	
18 Taxpayer Identification No.		44 Transportation 44	
19 Employer's Name		45 Cost of Living Allowance 45	
20 Registered Address		46 Fixed Housing Allowance 46	
20A Zip Code		47 Others (Specify)	
Part IV-A Summary		47A 47A 11,977.24	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 236,978.09		47B 47B	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 85,689.55		SUPPLEMENTARY	
23 Taxable Compensation Income from Present Employer (Item 55) 23 151,288.54		48 Commission 48	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		49 Profit Sharing 49	
25 Gross Taxable Compensation Income 25 151,288.54		50 Fees Including Director's Fees 50	
26 Less: Total Exemptions 26 50,000.00		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		52 Hazard Pay 52	
28 Net Taxable Compensation Income 28 101,288.54		53 Overtime Pay 53	
29 Tax Due 29 14,757.71		54 Others (Specify)	
30 Amount of Taxes Withheld 30A Present Employer 30A 14,793.91		54A 54A	
30B Previous Employer 30B 0.00		54B 54B	
31 Total Amount of Taxes Withheld As adjusted 31 14,793.91		55 Total Taxable Compensation Income 55 151,288.54	
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: Kevin Rafael Ouano		Date Signed	
CTC No. Employee Signature Over Printed Name		Date of Issue	
of Employee Place 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 Kevin Rafael Ouano Employee Signature Over Printed Name	