

<div>DLN:</div>		<div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Certificate of Compensation Payment/Tax Withheld</div>		<div>BIR Form No. 2316 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. 318 965 180 0000				Amount			
4 Employee's Name (Last Name, First Name, Middle Name) TIROL, PAUL ADRIAN				A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
5 RDO Code 081				32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32			
6 Registered Address WALING2X CORNER CATTLEYA ST. ORCHID HILLS, PANACAN CITY				33 Holiday Pay (MWE) 33			
6B Local Home Address				34 Overtime Pay (MWE) 34			
6C Zip Code				35 Night Shift Differential (MWE) 35			
6D Foreign Address				36 Hazard Pay (MWE) 36			
6E Zip Code				37 13th Month Pay and Other Benefits 37 13,435.10			
7 Date of Birth (MM/DD/YYYY) 08 13 1985				38 De Minimis Benefits 38 26,250.00			
8 Telephone Number				39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20			
9 Exemption Status Single Married				40 Salaries & Other Forms of Compensation 40 41,155.60			
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No				41 Total Non-Taxable/Exempt Compensation Income 41 90,010.90			
10 Name of Qualified Dependent Children				B. TAXABLE COMPENSATION INCOME REGULAR			
11 Date of Birth (MM/DD/YYYY)				42 Basic Salary 42 152,051.03			
12 Statutory Minimum Wage rate per day 12				43 Representation 43			
13 Statutory Minimum Wage rate per month 13				44 Transportation 44			
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				45 Cost of Living Allowance 45			
Part II Employer Information (Present)				46 Fixed Housing Allowance 46			
15 Taxpayer Identification No. 423 687 498 0000				47 Others (Specify) 47A 10,977.83			
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),				47B			
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY				SUPPLEMENTARY			
17A Zip Code 6000				48 Commission 48			
Main Employer Secondary Employer				49 Profit Sharing 49			
Part III Employer Information (Previous)				50 Fees Including Director's Fees 50			
18 Taxpayer Identification No.				51 Taxable 13th Month Pay and Other Benefits 51 0.00			
19 Employer's Name				52 Hazard Pay 52			
20 Registered Address				53 Overtime Pay 53			
20A Zip Code				54 Others (Specify) 54A 54B			
Part IV-A Summary				55 Total Taxable Compensation Income 55 163,028.86			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 253,039.76							
22 Less: Total Non-Taxable/Exempt (Item 41) 22 90,010.90							
23 Taxable Compensation Income from Present Employer (Item 55) 23 163,028.86							
24 Add: Taxable Compensation Income from Previous Employer 24 0.00							
25 Gross Taxable Compensation Income 25 163,028.86							
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 28 113,028.86							
29 Tax Due 29 17,105.77							
30 Amount of Taxes Withheld 30A Present Employer 30A 19,070.30							
30B Previous Employer 30B 0.00							
31 Total Amount of Taxes Withheld As adjusted 31 19,070.30							
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: 57 Paul Adrian Tirol Employee Signature Over Printed Name				Date Signed			
CTC No. of Employee Place of Issue				Date 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 Paul Adrian Tirol Employee Signature Over Printed Name			