


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. 308 478 972 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) MASCARIÑAS, ALISON VINCE DYCUECO 5 RDO Code 081		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
6 Registered Address SUNRISE VILLAGE PARDO, CEBU CITY 6A Zip Code 6000		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6B Local Home Address 6C Zip Code		33 Holiday Pay (MWE) 33	
6D Foreign Address 6E Zip Code		34 Overtime Pay (MWE) 34	
7 Date of Birth (MM/DD/YYYY) 03 05 1991 8 Telephone Number		35 Night Shift Differential (MWE) 35	
9 Exemption Status Single Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No		36 Hazard Pay (MWE) 36	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		37 13th Month Pay and Other Benefits 37 13,281.16	
12 Statutory Minimum Wage rate per day 12 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 12,409.59	
15 Taxpayer Identification No. 423 687 498 0000		41 Total Non-Taxable/Exempt Compensation Income 41 61,110.95	
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		42 Basic Salary 42 150,203.77	
Main Employer Secondary Employer		43 Representation 43	
Part III Employer Information (Previous)		44 Transportation 44	
18 Taxpayer Identification No.		45 Cost of Living Allowance 45	
19 Employer's Name		46 Fixed Housing Allowance 46	
20 Registered Address 20A Zip Code		47 Others (Specify) 47A 1,516.04	
Part IV-A Summary		47B	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 212,830.76		SUPPLEMENTARY	
22 Less: Total Non-Taxable/ Exempt (Item 41) 22 61,110.95		48 Commission 48	
23 Taxable Compensation Income from Present Employer (Item 55) 23 151,719.81		49 Profit Sharing 49	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		50 Fees Including Director's Fees 50	
25 Gross Taxable Compensation Income 25 151,719.81		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
26 Less: Total Exemptions 26 50,000.00		52 Hazard Pay 52	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		53 Overtime Pay 53	
28 Net Taxable Compensation Income 28 101,719.81		54 Others (Specify) 54	
29 Tax Due 29 14,843.96		54A 54A	
30 Amount of Taxes Withheld 30A Present Employer 30A 16,781.43		54B 54B	
30B Previous Employer 30B 0.00		55 Total Taxable Compensation Income 55 151,719.81	
31 Total Amount of Taxes Withheld As adjusted 31 16,781.43			
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 Alison Vince Mascariñas 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 Alison Vince Mascariñas Employee Signature Over Printed Name	