

 <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. 309 534 398 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) YBANEZ, KENT SORINGA			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
6 Registered Address 4390			6A Zip Code 6015		
6B Local Home Address			6C Zip Code		
6D Foreign Address			6E Zip Code		
7 Date of Birth (MM/DD/YYYY) 08 24 1991			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 14,000.00		
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 9,494.30		
Part II Employer Information (Present)			40 Salaries & Other Forms of Compensation 40 385.25		
15 Taxpayer Identification No. 423 687 498 0000			41 Total Non-Taxable/Exempt Compensation Income 41 50,129.55		
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),			B. TAXABLE COMPENSATION INCOME REGULAR		
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY			42 Basic Salary 42 158,505.70		
17A Zip Code 6000			43 Representation 43		
Main Employer Secondary Employer			44 Transportation 44		
Part III Employer Information (Previous)			45 Cost of Living Allowance 45		
18 Taxpayer Identification No.			46 Fixed Housing Allowance 46		
19 Employer's Name			47 Others (Specify) 47A 10,246.35		
20 Registered Address			47B		
20A Zip Code			SUPPLEMENTARY		
Part IV-A Summary			48 Commission 48		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 218,881.60			49 Profit Sharing 49		
22 Less: Total Non-Taxable/Exempt (Item 41) 22 50,129.55			50 Fees Including Director's Fees 50		
23 Taxable Compensation Income from Present Employer (Item 55) 23 168,752.05			51 Taxable 13th Month Pay and Other Benefits 51 0.00		
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			52 Hazard Pay 52		
25 Gross Taxable Compensation Income 25 168,752.05			53 Overtime Pay 53		
26 Less: Total Exemptions 26 50,000.00			54 Others (Specify) 54A		
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00			54B		
28 Net Taxable Compensation Income 28 118,752.05			55 Total Taxable Compensation Income 55 168,752.05		
29 Tax Due 29 18,250.41					
30 Amount of Taxes Withheld 30A Present Employer 30A 20,318.88					
30B Previous Employer 30B 0.00					
31 Total Amount of Taxes Withheld As adjusted 31 20,318.88					
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: Kent Ybanez			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 Kent Ybanez Employee Signature Over Printed Name		