

 <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. 309 479 698 0000			Amount		
4 Employee's Name (Last Name, First Name, Middle Name) VILLARBA, JUAN CARLO			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
5 RDO Code 081			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32		
6 Registered Address BLK 18 LOT 41, SANTAN STREET, PHASE 1, CAMELLA HOMES 6015 Y. B. 6A Zip Code 6015			33 Holiday Pay (MWE) 33		
6B Local Home Address 6C Zip Code			34 Overtime Pay (MWE) 34		
6D Foreign Address 6E Zip Code			35 Night Shift Differential (MWE) 35		
7 Date of Birth (MM/DD/YYYY) 02 03 1991			36 Hazard Pay (MWE) 36		
8 Telephone Number			37 13th Month Pay and Other Benefits 37 12,438.93		
9 Exemption Status Single Married			38 De Minimis Benefits 38 25,000.00		
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 8,507.00		
10 Name of Qualified Dependent Children			40 Salaries & Other Forms of Compensation 40 69,561.07		
11 Date of Birth (MM/DD/YYYY)			41 Total Non-Taxable/Exempt Compensation Income 41 115,507.00		
12 Statutory Minimum Wage rate per day 12			B. TAXABLE COMPENSATION INCOME REGULAR		
13 Statutory Minimum Wage rate per month 13			42 Basic Salary 42 140,760.12		
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			43 Representation 43		
Part II Employer Information (Present)			44 Transportation 44		
15 Taxpayer Identification No. 423 687 498 0000			45 Cost of Living Allowance 45		
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),			46 Fixed Housing Allowance 46		
17 Registered Address SALINAS DRIVE LAHUG CEBU CITY 17A Zip Code 6000			47 Others (Specify) 47A 39,924.94		
Main Employer Secondary Employer			47B		
Part III Employer Information (Previous)			SUPPLEMENTARY		
18 Taxpayer Identification No.			48 Commission 48		
19 Employer's Name			49 Profit Sharing 49		
20 Registered Address 20A Zip Code			50 Fees Including Director's Fees 50		
Part IV-A Summary			51 Taxable 13th Month Pay and Other Benefits 51 29,438.93		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 325,630.99			52 Hazard Pay 52		
22 Less: Total Non-Taxable/Exempt (Item 41) 22 115,507.00			53 Overtime Pay 53		
23 Taxable Compensation Income from Present Employer (Item 55) 23 210,123.99			54 Others (Specify) 54A		
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			54B		
25 Gross Taxable Compensation Income 25 210,123.99			55 Total Taxable Compensation Income 55 210,123.99		
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 28 160,123.99					
29 Tax Due 29 27,531.00					
30 Amount of Taxes Withheld 30A Present Employer 30A 25,622.26					
30B Previous Employer 30B 0.00					
31 Total Amount of Taxes Withheld As adjusted 31 25,622.26					
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: Juan Carlo Villarba			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 Juan Carlo Villarba Employee Signature Over Printed Name		