

<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. <b>2316</b> 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. 317 320 791 0000				Amount			
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code BERMUNDO, MICHAEL MILLAS 081				A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
6 Registered Address 6A Zip Code MANGO GREEN VILLAGE BANILAD 6014				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) 08 19 1994 8 Telephone Number				35 Night Shift Differential (MWE) 35			
9 Exemption Status 9A Is the wife claiming the additional exemption for qualified dependent children? Single Married 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 13,143.15			
12 Statutory Minimum Wage rate per day 12				38 De Minimis Benefits 38 26,250.00			
13 Statutory Minimum Wage rate per month 13				39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,170.20			
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				40 Salaries & Other Forms of Compensation 40 3,567.12			
Part II Employer Information (Present)				41 Total Non-Taxable/Exempt Compensation Income 41 52,130.47			
15 Taxpayer Identification No. 423 687 498 0000				B. TAXABLE COMPENSATION INCOME REGULAR			
16 Employer's Name TATE PUBLISHING AND ENTERPRISES (PHILIPPINES),				42 Basic Salary 42 148,547.61			
17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 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 1,936.44			
20 Registered Address 20A Zip Code				47B			
Part IV-A Summary				SUPPLEMENTARY			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 202,614.52				48 Commission 48			
22 Less: Total Non-Taxable/ Exempt (Item 41) 22 52,130.47				49 Profit Sharing 49			
23 Taxable Compensation Income from Present Employer (Item 55) 23 150,484.05				50 Fees Including Director's Fees 50			
24 Add: Taxable Compensation Income from Previous Employer 24 0.00				51 Taxable 13th Month Pay and Other Benefits 51 0.00			
25 Gross Taxable Compensation Income 25 150,484.05				52 Hazard Pay 52			
26 Less: Total Exemptions 26 50,000.00				53 Overtime Pay 53			
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00				54 Others (Specify) 54A 54B			
28 Net Taxable Compensation Income 28 100,484.05				55 Total Taxable Compensation Income 55 150,484.05			
29 Tax Due 29 14,596.81							
30 Amount of Taxes Withheld 30A Present Employer 30A 16,534.28							
30B Previous Employer 30B 0.00							
31 Total Amount of Taxes Withheld As adjusted 31 16,534.28							
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 Michael Bermundo 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 Michael Bermundo Employee Signature Over Printed Name			