

Certificate of Compensation
Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

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)	2017	2	For the Period From (MM/DD)	01	01	12	31		
Part I Employee Information			Part IV-B Details of Compensation Income and Tax Withheld from Present Employer							
3	Taxpayer Identification No.		459	916	239	000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4	Employee's Name (Last Name, First Name, Middle Name)		MAGGAY, RONALDENE TAMAYAO		5	RDO Code	044	32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	
6	Registered Address		12-A Carag St., Camasi, Peñablanca Cagayan		6A	Zip Code		33	Holiday Pay (MWE)	
6B	Local Home Address				6C	Zip Code		34	Overtime Pay (MWE)	
6D	Foreign Address				6E	Zip Code		35	Night Shift Differential (MWE)	
7	Date of Birth (MM/DD/YYYY)	03	29	1992	8	Telephone Number		36	Hazard Pay (MWE)	
9	Exemption Status		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		37				13th Month Pay and Other Benefits	
9A	Is the wife claiming the additional exemption for qualified dependent children?		<input type="checkbox"/> Yes <input type="checkbox"/> No		38				De Minimis Benefits	
10	Name of Qualified Dependent Children		11		Date of Birth (MM/DD/YYYY)	39			SSS, GSIS, PHIC & Pag-ibig Contributions, and Union Dues (Employee share only)	
12	Statutory Minimum Wage rate per day		12			40			Salaries & Other Forms of Compensation	
13	Statutory Minimum Wage rate per month		13			41			Total Non-Taxable/Exempt Compensation Income	
14	<input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME							
Part II Employer's Name			REGULAR							
15	Taxpayer Identification No.		006	976	146	000	42	Basic Salary	230,400.90	
16	Employer's Name		ABON CREDIT SERVICE SYSTEMS (PHILIPPINES) INC.						43	Representation
17	Registered Address		Unit 802, 8F Philplano Corporate Center 1012 Triangle Drive cor. 10th & 11th Ave. Bonifacio Global City, Taguig City		17A	Zip Code	1634	44	Transportation	
Part III Taxpayer Identification No.			<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		45				Cost of Living Allowance	
19	Employer's Name		47						Others (Specify)	
20	Registered Address		20A		Zip Code	47A			OTHER EARNINGS	
Part IV-A Summary			47B						SUPPLEMENTARY	
21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)		21		263,423.76		48	Commission	48	
22	Less: Total Non-Taxable/ Exempt (Item 41)		22		31,195.59		49	Profit Sharing	49	
23	Taxable Compensation Income from Present Employer (Item 55)		23		232,228.17		50	Fees Including Director's Fees	50	
24	Add: Taxable Compensation Income from Previous Employer		24		-		51	Taxable 13th Month Pay and Other Benefits	51	
25	Gross Taxable Compensation Income		25		232,228.17		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		-		54	Others (Specify)	54	
28	Net Taxable Compensation Income		28		182,228.17		54A		54A	
29	Tax Due		29		33,057.04		54B		54B	
30	Amount of Taxes Withheld		30A		33,057.04		55	Total Taxable Compensation	232,228.17	
30B	Previous Employer		30B		-					
31	Total Amount of Taxes Withheld		31		33,057.04					
As adjusted										
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	Present Employer/ Authorized Agent Signature Over Printed Name		TOMOHIRO MIYASAKA		Date Signed		Date Signed			
57	CONFORME: MAGGAY, RONALDENE TAMAYAO		Employee Signature Over Printed Name		Date Signed		Date Signed			
58	Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		TOMOHIRO MIYASAKA		Date Signed		Date Signed			
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.										
To be accomplished under substituted filing										
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 RA No. 3-2002, as amended.										
59	Employee Signature Over Printed Name		MAGGAY, RONALDENE TAMAYAO		Date Signed		Date Signed			