



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Innamas

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)	2016	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.		500	004	625	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4	Employee's Name (Last Name, First Name, Middle Name)		TOLENTINO, NICK TERENCE PANAGLIMA			32	Basic Salary/ Statutory Minimum Wage		
6	Registered Address		86 E Jasmin St. 11th Ave Caloocan City	6A	Zip Code		0144		
6B	Local Home Address			6C	Zip Code				
6D	Foreign Address			6E	Zip Code				
7	Date of Birth (MM/DD/YYYY)	11	26	1993	8	Telephone Number			
9	Exemption Status		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		36	Hazard Pay (MWE)			
9A	Is the wife claiming the additional exemption for qualified dependent children?		<input type="checkbox"/> Yes <input type="checkbox"/> No		37	13th Month Pay and Other Benefits			
10	Name of qualified Dependent Children		11	Date of Birth (MM/DD/YYYY)		38	De Minimis Benefits		
12	Statutory Minimum Wage rate per day		12			39	SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)		
13	Statutory Minimum Wage rate per month		13			40	Salaries & Other Forms of Compensation		
14	Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				41	Total Non-Taxable/Exempt Compensation Income			
Part II Employer Information (Present)			B. TAXABLE COMPENSATION INCOME REGULAR						
15	Taxpayer Identification No.	006	976	146	000	42	Basic Salary		
16	Employer's Name		BOON CREDIT SERVICE SYSTEMS (PHILIPPINES) INC.			43	Representation		
17	Registered Address		Unit 802, 8F Philplains Corporate Center 1012 Triangle Drive cor. 10th & 11th Ave. Bonifacio Global City, Taguig City			44	Transportation		
X Main Employer			Secondary Employer			45	Cost of Living Allowance		
18	Taxpayer Identification No.					46	Fixed Housing Allowance		
19	Employer's Name					47	Others (Specify)		
20	Registered Address		20A Zip Code			47A	OTHER EARNINGS		
Part IV-A Summary			21	211,548.93		47B			
21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)		22	26,362.71		48	SUPPLEMENTARY		
22	Less: Total Non-Taxable/Exempt (Item 41)		23	185,186.22		49	Profit Sharing		
23	Taxable Compensation Income from Present Employer (Item 55)		24	-		50	Fees Including Director's Fees		
24	Add: Taxable Compensation Income from Previous Employer		25	185,186.22		51	Taxable 13th Month Pay and Other Benefits		
25	Gross Taxable Compensation Income		26	50,000.00		52	Hazard Pay		
26	Less: Total Exemptions		27	-		53	Overtime Pay		
27	Less: Premium Paid on Health and/or Hospital Insurance (If applicable)		28	135,186.22		54	Others (Specify)		
28	Net Taxable Compensation Income		29	21,537.24		54A			
29	Tax Due		30A	21,537.24		54B			
30	Amount of Taxes Withheld		30B	-		55	Total Taxable Compensation Income		
31	Total Amount of Taxes Withheld As adjusted		31	21,537.24					

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.

ANNA GRACE P. BAGNAES

Present Employer/ Authorized Agent Signature Over Printed Name

CONFIRMED: 57 TOLENTINO, NICK TERENCE PANAGLIMA

CTC No. Employee Signature Over Printed Name Place of Issue

Date Signed

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.

58 ANNA GRACE P. BAGNAES

Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

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 R.A. No. 32002, as amended.

59 TOLENTINO, NICK TERENCE PANAGLIMA

Employee Signature Over Printed Name