



AMAZON OPERATION SERVICES PHILIPPINES, INC.

Philam Life Center Cebu, Cardinal Rosales corner Samar Loop, Cebu Business Park,
Barangay Luz, Cebu City, 6000

April 25, 2022

Employment Certification Letter for Dhera Cedale Lacno Bragat

To whom it may concern:

This digital letter serves to certify that Dhera Cedale Lacno Bragat, was a full-time permanent employee of Amazon Operation Services Philippines, Inc. from October 11, 2021 to April 21, 2022. Her last held designation was CS Associate and was based in our Philippines office. Her annual base salary was PHP 216,000.

All applicable clearances have been completed.

If you require further clarification, please feel free to email phl-erc@amazon.com or call +63 32 402 8200.

For Amazon Operation Services Philippines, Inc.,

Alma Glenda Claudio
HR Manager - Data Management

This document should be treated with high confidentiality. For further verification of information stated in this letter, you may contact phl-erc@amazon.com.

THIS IS AN AUTOMATED CERTIFICATE. NO WET SIGNATURE REQUIRED.



Cebu Atlantic Hardware

Cebu

8

Shell

Petron Station

Metrobank

insons
ermarket
unok

Hotel PH

28°

960 Abores Street



radlearning.phinma.edu.ph



Dashboard

DHERA CEDALE LACNO BRAGAT

You are here  AIMS

Registration

Registration

Name

: **BRAGAT, DHERA CEDALE LACNO**

Student #

: **05-2122-001307**

Course

: **Bachelor of Science in Psychology**

Year Level

: **First Year**

Status

: **Freshman (Regular) (17 Unit(s) Allowed)**

Section

A5

SY

: **2021-2022**

Semester

: **First Semester**

ASSESSMENT



18778142 DHERA CEDALE L BRAGAT

HUMS

12 6P

OFFICIAL STUDY LOAD

EDP Code	Subject	Schedule	Room	Unit(s)
08235	PE 4	10:00 - 11:00 AM FRI	FLD	1
08243	HUM 1	12:30 - 1:30 PM MWFS	S806	4
08250	PHY SCI 1	1:30 - 2:30 PM MWFS	S806	4
08268	3I	1:30 - 3:30 PM TTH	S806	4
08276	SOC SCI 9	2:30 - 3:30 PM MWFS	S806	4
08284	ENGL 6	3:30 - 4:30 PM MWFS	S806	4
08292	OJT/HUMSS	3:30 - 5:30 PM TTH	S806	4
08300	ENTREP	4:30 - 5:30 PM MWFS	S806	4

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



2316 01/18ENC5

January 2018 (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)	2 0 2 2	2 For the Period From (MM/DD)	0 1 0 1	To (MM/DD)	0 4 2 1
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Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
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3 TIN	3 5 6 - 1 4 1 - 8 5 7 - 0 0 0	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name)	5 RDO Code	Amount	
BRAGAT DHERA CEDALE LACNO	0 8 1	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6 Registered Address	6A ZIP Code	28 Holiday Pay (MWE)	
960 Abores St. Bulacao Talsay City 6045		29 Overtime Pay (MWE)	
6B Local Home Address	6C ZIP Code	30 Night Shift Differential (MWE)	
		31 Hazard Pay (MWE)	
6D Foreign Address		32 13th Month Pay and Other Benefits (maximum of P90,000)	13,881.38
7 Date of Birth (MM/DD/YYYY)	8 Contact Number	33 De Minimis Benefits	5,818.97
1 0 2 1 1 9 9 9		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	4,057.50
9 Statutory Minimum Wage rate per day		35 Salaries and Other Forms of Compensation	2,000.00
10 Statutory Minimum Wage rate per month		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	25,757.85
11 <input type="checkbox"/> Minimum Wage Earning (MWE) whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
12 TIN	0 0 9 - 7 3 5 - 0 3 3 - 0 0 0	37 Basic Salary	18,519.12

13 Employer's Name	14 Registered Address	14A ZIP Code	38 Representation
AMAZON OPERATIONS SERVICES PHILIPPINES INC.	PHILAM LIFE CENTER CEBU CARDINAL ROSALES CORNER SAMAR LOOP CEBU BUSINESS PARK BARANGAY LUZ CEBU CITY	6 0 0 0	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	16 TIN	17 Employer's Name	39 Transportation
Part III - Employer Information (Previous)			
18 Registered Address	18A ZIP Code	40 Cost of Living Allowance (COLA)	
		41 Fixed Housing Allowance	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	87,742.52	42 Others (specify)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	25,757.85	42A	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	61,984.67	42B	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		SUPPLEMENTARY	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	61,984.67	43 Commission	
24 Tax Due		44 Profit Sharing	
25 Amount of Taxes Withheld		45 Fees Including Director's Fees	
25A Present Employer		46 Taxable 13th Month Benefits	
25B Previous Employer, if applicable		47 Hazard Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		48 Overtime Pay	2,965.55
		49 Others (specify)	
		49A	40,500.00
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	61,984.67

I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.			
51 Present Employer/Authorized Agent Signature over Printed Name	Gladys Reyes	Date Signed	12 05 2022
52 Employee Signature over Printed Name	BRAGAT DHERA CEDALE LACNO	Date Signed	
CTC/Valid ID No. of Employee	111105021	Place of Issue	PASAY CITY
		Date Signed	

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C 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 Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 BRAGAT DHERA CEDALE LACNO Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Medgruppe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City,
 6000 Philippines
 Tel # (032) 232-2273/266-3245
 www.primecarecebu.com

SERVICE ORDER



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0002
SO No.	033900
S.O Date	08/02/2022
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 026467	GENDER : Female
PATIENT NAME : BRAGAT, DHERA CEDALE, LACNO	BIRTHDATE : 10/21/1999
PATIENT ADDRESS : Bulacao, City Of Talisay, Cebu	AGE : 22
MOBILE NO. : 09616290053	CIVIL STATUS : Single
EMAIL ADDRESS : DELIVERY	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME BASIG 5 WITH DRUG TEST *2. CHEST PA, CBC, UA, ST. DRUG TEST	1.00	800.00	800.00	TOTAL SALES : 800.00
					VARIABLE SALES : 0.00
					V-A-T : 0.00
					SC/PWD DISCOUNT : 0.00
					AMOUNT DUE : 800.00

PREPARED BY:

Juevelina N. Sevilla

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

VERIFIED BY:

BY:

Signature Over Printed Name