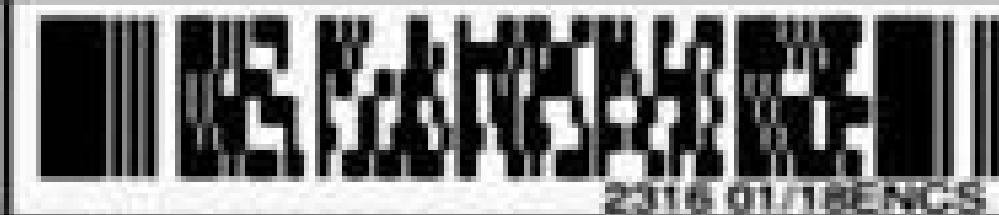


For BIR Use Only BCS/Item:

BIR Form No.
2316
January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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 (MMDD) **0 1 0 1** To (MMDD) **0 2 2 6**

Part I - Employee Information

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

3 TIN **3 1 4 - 5 4 0 - 7 5 9 -**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **Andajao, Chasie Vidas**

27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)

5 RDO Code

28 Holiday Pay (MWE)

6 Registered Address

29 Overtime Pay (MWE)

6A ZIP Code

30 Night Shift Differential (MWE)

6B Local Home Address **DawisSur, Carmen**

31 Hazard Pay (MWE)

6C ZIP Code **6 0 0 5**

32 13th Month Pay and Other Benefits (maximum of P90,000) **1,873.97**

7 Date of Birth (MMDD/YYYY) **0 1 0 1 1 9 9 5**

33 De Minimis Benefits **5,252.27**

8 Contact Number **9 3 3 5 4 4 4 5 6**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **965.00**

9 Statutory Minimum Wage rate per day

35 Salaries and Other Forms of Compensation **0.00**

10 Statutory Minimum Wage rate per month

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **8,091.24**

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

B. TAXABLE COMPENSATION INCOME REGULAR

Part II - Employer Information (Present)

12 TIN **2 1 7 - 5 6 9 - 5 0 0 -**

37 Basic Salary **1,724.64**

13 Employer's Name **TeleTech Customer Care Management Philippines, Inc**

38 Representation

14 Registered Address **FiveEcom 10F Harbor Dr**

39 Transportation **233.53**

14A ZIP Code **6 0 0 0**

40 Cost of Living Allowance (COLA) **0.00**

15 Type of Employer Main Employer Secondary Employer

41 Fixed Housing Allowance

Part III - Employer Information (Previous)

16 TIN

42 Others (specify)

17 Employer's Name

42A

18 Registered Address

42B

18A ZIP Code

SUPPLEMENTARY

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **10,983.49**

43 Commission

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **8,091.24**

44 Profit Sharing

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **2,892.25**

45 Fees Including Director's Fees

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

46 Taxable 13th Month Benefits **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **2,892.25**

47 Hazard Pay

24 Tax Due **0.00**

48 Overtime Pay **0.00**

25 Amount of Taxes Withheld

49 Others (specify)

25A Present Employer **0.00**

49A **Co. Incentives** **934.08**

25B Previous Employer, if applicable **0.00**

49B

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

50 Total Taxable Compensation Income (Sum of Items 37 to 49B) **2,892.25**

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 **Cagaosan, Anna Liza B** *[Signature]*
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:
52 **Andajao, Chasie Vidas**
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee **[]** Place of Issue **[]**

Date Signed

Amount paid, if CTC **[]**

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 **Cagaosan, Anna Liza B** *[Signature]*
Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/Human Resource or Authorized Representative)

54 **Andajao, Chasie Vidas**
Employee Signature over Printed Name

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



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Cebu Registry No. 95-215
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
Chasie Vidas Andaya

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
1 Jan. 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
576-E Wang-u Alaska Tramo Cebu City

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 2
d. WEIGHT AT BIRTH 3260 grams

6. MAIDEN NAME (First) (Middle) (Last)
Marlita Adajar Vidas

7. CITIZENSHIP Filipino 8. RELIGION Catholic

9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0

10. OCCUPATION House keeper 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
576-E Wang-u Alaska Tramo Cebu City

13. NAME (First) (Middle) (Last)
Wicel Pingay Andaya

14. CITIZENSHIP Filipino 15. RELIGION Catholic

16. OCCUPATION factory worker 17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Sept. 6, 1993 Cermen Cebu

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4: PM o'clock
am/pm on the date stated above.

Signature Serenia Alforon Address Alaska Mambaling
Name in Print Serenia Alforon Date Jan. 1, 1995
Title or Position Trained Hilot

20. INFORMANT
Signature Mr. Andaya Address Alaska Mambaling
Name in Print Marlita Andaya Date Jan. 1, 1995
Relationship to the child Mother

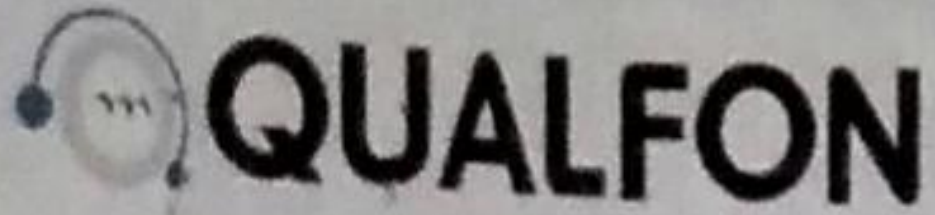
21. PREPARED BY
Signature Serenia Alforon
Name in Print Serenia Alforon
Title or Position Trained Hilot
Date Jan. 1, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature NIDA A. NUNEZ
Name in Print NIDA A. NUNEZ
Title or Position CLERK III
Date DATE

For OCRG U Population I
TO BE FILLI OFFICE OF REGISTRAR
41
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BReN
[02217-A95B10L-6]



CERTIFICATION

This is to certify that **CHASIE ANDAJAO** was a **Regular** employee of Qualfon Philippines, Inc. She occupied the **Customer Service Representative** position under the **Operations Department** and had worked in the company from **September 30, 2015** to **March 25, 2017**. She has been **cleared** from all accountabilities and liabilities.

This certification is being issued upon the request of **Ms. ANDAJAO** for whatever legal purpose it may serve.

Done in Cebu City, Philippines this **16th** day of **June** 2017.

Kristy Jan Esmoso
HDD Coordinator
Human Development Department

Not valid without seal

Note: This certification with seal confirms authentication and validity of the document. No need for verification to be sent.

QUALFON PHILIPPINES, INCORPORATED
9th Floor Skyrise 3 Building, Asiatown IT Park Lahug, Cebu City 6000 Philippines
Telephone Number: (+63) 2301400 local 23191

April 13, 2022

Certificate of Employment

This is to certify that **Chasie Vidas Andajao** is an employee of **TeleTech** and holds the position of **TSR I**. He has been with the company since **28-OCT-19** to **26-FEB-22**.

If you require any additional information, you may reach us at HC_EmploymentVerification@TeleTech.com.

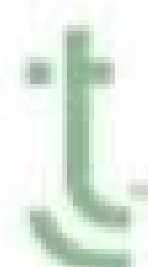
This certificate is being issued to **Ms. Andajao** for proof of employment only and does not attest the person's work ethics, efficiency, and accountabilities to the company.

Certified true and correct:



Anna Liza B. Cagaoan
Executive Director, Human Capital

NOTE: This is a system-generated certification. Signature is not required.



address
SECOM 10th Floor Harbor Drive
cor. Palm Coast Avenue Mall of
Asia Pasay City 1300

contact
ttec.com
+1.800.836.3832

