

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

Province NEGROS OCCIDENTAL  
City/Municipality BACOLOD CITY

Registry No. 2024-00394

<b>CHILD</b>	1. NAME (First) <u>ZIAN GENE</u> (Middle) <u>NARRA</u> (Last) <u>GONZALVE</u>		
	2. SEX (Male / Female) <u>MALE</u>	3. DATE OF BIRTH (Day) <u>25</u> (Month) <u>DECEMBER</u> (Year) <u>2023</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/Barangay) <u>WFMC-GRANADA</u> (City/Municipality) <u>BACOLOD CITY</u> (Province) <u>NEGROS OCCIDENTAL</u>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of this birth to previous live births excluding stillbirths) (First, Second, Third, etc.) <u>SECOND</u>
6. WEIGHT AT BIRTH <u>2800</u> grams			

<b>MOTHER</b>	7. MAIDEN NAME (First) <u>JENEZEL</u> (Middle) <u>RADANA</u> (Last) <u>NARRA</u>		
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>IGLESIA NI CRISTO</u>
	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead <u>0</u>
	11. OCCUPATION <u>HOUSEWIFE</u>		12. AGE at the time of this birth (completed years) <u>25</u>
13. RESIDENCE (House No., St., Barangay) <u>BLK 7 LOT 8 PROVIDENCE SUBD., BRGY. GRANADA</u> (City/Municipality) <u>BACOLOD CITY</u> (Province) <u>NEGROS OCCIDENTAL</u> (Country) <u>PHILIPPINES</u>			

<b>FATHER</b>	14. NAME (First) <u>JHUGENE</u> (Middle) <u>GARRATA</u> (Last) <u>GONZALVE</u>		
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>IGLESIA NI CRISTO</u>
	17. OCCUPATION <u>EVANGELICAL WORKER</u>		18. AGE at the time of this birth (completed years) <u>31</u>
19. RESIDENCE (House No., St., Barangay) <u>BLK 7 LOT 8 PROVIDENCE SUBD., BRGY. GRANADA</u> (City/Municipality) <u>BACOLOD CITY</u> (Province) <u>NEGROS OCCIDENTAL</u> (Country) <u>PHILIPPINES</u>			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) <u>FEBRUARY</u> (Day) <u>18</u> (Year) <u>2019</u>	20b. PLACE (City / Municipality) <u>MINGLANILLA</u> (Province) <u>CEBU</u> (Country) <u>PHILIPPINES</u>
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21a. ATTENDANT

1 Physician  2 Nurse  3 Midwife  4 Hilot (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)

I hereby certify that I attended the birth of the child who was born alive at 04:30 PM on the date of birth specified above.

Signature Rosalie S. Exala Address PATRICIA HOMES SUBD., BRGY. GRANADA, BACOLOD CITY, NEGROS OCCIDENTAL

Name in Print REGISTERED MIDWIFE Date DECEMBER 26, 2023

Title or Position \_\_\_\_\_

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature Jhugene G. Gonzalve

Name in Print FATHER

Relationship to the Child \_\_\_\_\_

Address BLK 7 LOT 8 PROVIDENCE SUBD., BRGY. GRANADA BACOLOD CITY NEG. OCC.

Date DECEMBER 26, 2023

23. PREPARED BY

Signature Rosalie S. Exala

Name in Print REGISTERED MIDWIFE

Title or Position DECEMBER 26, 2023

Date \_\_\_\_\_

24. RECEIVED BY

Signature Jerrylyn F. Lopez Name in Print JERRYLYN F. LOPEZ Title or Position ASSISTANT REGISTRATION OFFICER Date JAN 09 2024

Signature Milagros V. Barcoma Name in Print MILAGROS V. BARCOMA Title or Position REGISTRATION OFFICER IV Date JAN 09 2024

REMARKS/ANNOTATIONS (For LCRO/OCRG, Use Only) ATTY. HERMILDO S. PANYON

MILAGROS V. BARCOMA  
REGISTRATION OFFICER IV



TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

0<sup>8</sup> 1 0<sup>9</sup> 4 1<sup>1</sup> 1 3 6<sup>13</sup> 0 8 0 4 5 0 1 0<sup>5</sup> 1 0<sup>6</sup> 4 1<sup>7</sup> 1 3 6<sup>19</sup> 0 8



Copy for OCRB

07202015 10:23:31 AM  
SIB: 003400041110309182019001110745E104C

THE SURNAME OF THE CHILD IS HEREBY CHANGED FROM GARRATA TO GONZALVE ON MAY 13, 2015.  
THE CHILD SHALL BE KNOWN AS: JHUGENE GARRATA GONZALVE, PURSUANT TO R.A. 9255.

MS. EDITHA R. ORCULLA  
Chief, Document Management Division

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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

Province: Cebu Registry No: 08-14276

City/Municipality: 0800-CITY

1. NAME (First) (Middle) (Last)  
JHUGENE GARRATA

2. SEX: 1 Male 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)  
15 MARCH 1992

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
VICTOR BOND MEMORIAL MEDICAL CENTER CEBU CITY

5a. TYPE OF BIRTH: 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS: 1 First 2 Second 3 Other, Specify

c. BIRTH ORDER (the births and fetal deaths including this delivery) 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH 2860 grams

6. MAIDEN NAME (First) (Middle) (Last)  
GEORGINA ROMANO GARRATA

7. CITIZENSHIP: FILIPINO RELIGION: R-C

8a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION: HOUSEWIFE 11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
2005 DE ARDIT LARANCON AVENUE CITY

13. NAME (First) (Middle) (Last)  
JOSE REYES GONZALVE

14. CITIZENSHIP: FILIPINO 15. RELIGION: R-C

16. OCCUPATION: CHECKER 17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (Last married, accompanied, widowed, divorced, or separated)  
1998 CITY

19a. ATTENDANT: 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional/Alay) 5 Other (Specify)

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at A DOOR on the date stated above.

19c. Signature: GINA RAPIBANKID Address: TANONG  
Name in Print: EDITHA R. ORCULLA Address: CEBU CITY  
Title or Position: MEDICAL OFFICER I Date: JUNE 08, 1998

20. INFORMANT: Signature: GEORGINA GARRATA Address: 2005 DE ARDIT LARANCON AVENUE  
Name in Print: EDITHA R. ORCULLA Address: CEBU CITY  
Relationship to the child: MOTHER Date: JUNE 10, 1998

21. PREPARED BY: Signature: EDITHA R. ORCULLA Date: JUNE 13, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: EDITHA R. ORCULLA Name in Print: EDITHA R. ORCULLA  
Title or Position: CHIEF, DOCUMENT MANAGEMENT DIVISION Date: 06-23-98

REMARKS/ANNOTATION  
DELAYED REGISTRATION

For OCRB USE ONLY  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9814276

42: 1 150392

43: 22175

44: 1

45: 01 2750

46: 1 1

47: 01 01 00

48: 220 26

49: 22170

50: 1 1

51: X20 26

52: 2 KA

53: 06-23-98

07200-0G-400MCS-00103-BI001

BReN  
02217-A92EF0S-8

*CSM*

CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

Documentary  
Stamp Tax Paid







SOCIAL SECURITY SYSTEM  
PERSONAL RECORD

34-8799630-7

Basic Information

Name of Applicant: GONZALVE, JHUGENE GARRATA  
 Date of Birth: 03/15/1992 (mm/dd/yyyy)  
 Gender: MALE  
 Marital Status: MARRIED  
 Nationality: FILIPINO  
 Religion: IGLESIA NI CRISTO  
 Place of Birth: CEBU CITY (CAPITAL) CEBU PHILIPPINES  
 Home Address: 719 - E TRES DE ABRIL ST. LABANGON CEBU CITY (CAPITAL) CEBU 6000  
 Telephone No:  
 Mobile No: (0916) 832-6239  
 Email Address: JHUNIE16GONZALVE@YAHOO.COM  
 Name of Father: GONZALVE, JOSE JR REYES  
 Name of Mother: GARRATA, GEORGINA ROMANO

Beneficiary(ies)

Spouse: NARRA, JENEZEL RADANA 12/04/1998  
 Other Beneficiary/ies: GONZALVE, JC JANE GARRATA (Sister) 02/26/2006

Purpose of Application

Purpose: FOR EMPLOYMENT

Applicant's Certification

*Jhugene Gonzalve*  
 Signature Over Printed Name

Sept. 18, 2019  
 Date



SSS  
 MEMBER SERVICE SECTION

TO BE FILLED OUT BY SSS

EVALUATED BY:

SEP 18 2019

MARY JANE V. MENDOZA  
 Signature Over Printed Name ORIGINAL

09-18-19

Date

12:50

Time

MFSO

Branch



BUREAU OF INTERNAL REVENUE  
REVENUE DISTRICT NO. 081  
CEBU CITY NORTH  
CLIENT SUPPORT SECTION  
TIN VERIFICATION SLIP

TIN: 763-964-610-000

LAST NAME: Gonzalve

FIRST NAME: Jhugene

MIDDLE NAME: Garrata

DATE OF BIRTH: March 15, 1992

RDO: 043 East Pasig

TAXPAYER  
CLASSIFICATION: Local Employee

*cmst.*  
CHARIZZA MAE S. TAMARAY, CPA  
REVENUE OFFICER

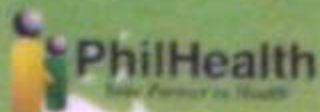
BIR Authorized Signature

**NOTE: PLEASE READ/ PALIHUG BASAHA**

Please present BIRTH CERTIFICATE or ID or any  
Document showing NAME and BIRTHDATE



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-025859005-3**

**GONZALVE, JHUGENE GARRATA**

MARCH 15, 1992 - MALE

LABANGON CEBU CITY, CEBU - 6000

*Jhugene*



1 2 0 2 5 8 5 9 0 0 5 3

**INFORMAL ECONOMY**

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF MARRIAGE**

(To be accomplished in quadruplicate using black ink)

Province **CEBU** Registry No. **20190294**  
City/Municipality **MINGLANILLA**

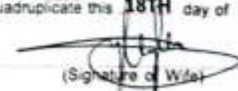
HUSBAND				WIFE			
1. Name of Contracting Parties	(First) <b>JHUGENE</b> (Middle) <b>GARRATA</b> (Last) <b>GONZALVE</b>	(First) <b>JENEZEL</b> (Middle) <b>RADANA</b> (Last) <b>NARRA</b>					
2a. Date of Birth 2b. Age	(Day) <b>15</b> (Month) <b>MARCH</b> (Year) <b>1992</b> (Age) <b>26</b>	(Day) <b>04</b> (Month) <b>DECEMBER</b> (Year) <b>1998</b> (Age) <b>20</b>					
3. Place of Birth	(City/Municipality) <b>CEBU CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILS.</b>	(City/Municipality) <b>CEBU CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILS.</b>					
4a. Sex 4b. Citizenship	<b>MALE</b> (Citizenship) <b>FILIPINO</b>	<b>FEMALE</b> (Citizenship) <b>FILIPINO</b>					
5. Residence	(House No., St., Barangay, City/Municipality, Province, Country) <b>TRES DE ABRIL ST. LABANGON, CEBU CITY, CEBU PHILS.</b>	(House No., St., Barangay, City/Municipality, Province, Country) <b>719-E TRES DE ABRIL ST. LABANGON, CEBU CITY, CEBU PHILS.</b>					
6. Religion/ Religious Sect	<b>IGLESIA NI CRISTO</b>	<b>IGLESIA NI CRISTO</b>					
7. Civil Status	<b>SINGLE</b>	<b>SINGLE</b>					
8. Name of Father	(First) <b>JOSE</b> (Middle) <b>REYES</b> (Last) <b>GONZALVE</b>	(First) <b>SOSIMO</b> (Middle) <b>SOQUITE</b> (Last) <b>NARRA</b>					
9. Citizenship	<b>FILIPINO</b>	<b>FILIPINO</b>					
10. Maiden Name of Mother	(First) <b>GEORGINA</b> (Middle) <b>ROMANO</b> (Last) <b>GARRATA</b>	(First) <b>FELISA</b> (Middle) <b>DELA TORRE</b> (Last) <b>RADANA</b>					
11. Citizenship	<b>FILIPINO</b>	<b>FILIPINO</b>					
12. Name of Person With Whose Consent or Advice	<b>N/A</b>	(First) <b>FELISA</b> (Middle) <b>NARRA</b> (Last)					
13. Relationship	<b>N/A</b>	<b>MOTHER</b>					
14. Residence	(House No., St., Barangay, City/Municipality, Province, Country) <b>N/A</b>	(House No., St., Barangay, City/Municipality, Province, Country) <b>CANTIPLA II TABUNAN, CEBU CITY, CEBU PHILS.</b>					

15. Place of Marriage: **Municipal Trial Court** (Office of the House of Barangay of Church of Mosque of) **Minglanilla, Cebu** (City/Municipality) (Province)

16. Date of Marriage: **16** (Day) **FEBRUARY** (Month) **2019** (Year)

17. Time of Marriage: **1:50PM** am/pm

18. CERTIFICATION OF THE CONTRACTING PARTIES:  
THIS IS TO CERTIFY that I **JHUGENE G. GONZALVE** and I **JENEZEL R. NARRA**, both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we have entered, a copy of which is hereto attached /  have not entered into a marriage settlement.  
IN WITNESS WHEREOF, we have signed (marked with our fingerprint) this certificate in quadruplicate this **18TH** day of **FEBRUARY 2019**.


 (Signature of Husband)  (Signature of Wife)

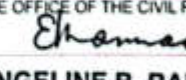
19. CERTIFICATION OF THE SOLEMNIZING OFFICER:  
THIS IS TO CERTIFY THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.  
I CERTIFY FURTHER THAT:

- a. Marriage License No. **4013146** issued on **JANUARY 29, 2019** at **CEBU CITY** in favor of said parties, was exhibited to me.
- b. no marriage license was necessary, the marriage being solemnized under Art. \_\_\_\_\_ of Executive Order No. 209.
- c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.

**VERONICO P. SARDONCILLO** (Signature Over Printed Name of Solemnizing Officer) **MTC JUDGE** (Position/Designation) (Religion/Religious Sect, Registry No. and Expiration Date, if applicable)

20a. WITNESSES (Print Name and Sign) Additional at the back:  
**MARJORIE GRACE Q. JUAREZ** **REYNALDO CAPIN SR.**

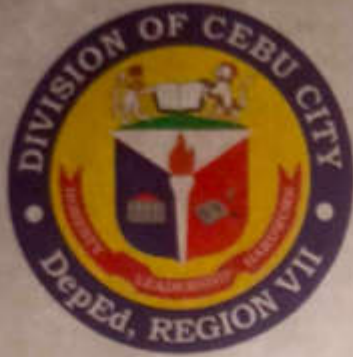
21. RECEIVED BY: Signature   
Name in Print **FERDINAND M. DE GUMA**  
Title or Position **Civil Registry Clerk**  
Date **FEB 19 2019**

22. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature   
Name in Print **EVANGELINE B. RAMAS**  
Title or Position **Civil Registry Clerk**  
Date **FEB 19 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG/Shar'i'a Circuit Registrar Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

4bH	4bW	5H	5W	6H	6W	7H	7W



Republika ng Pilipinas  
Republic of the Philippines  
Kagawaran ng Edukasyon  
Department of Education  
Rehiyon VII, Sentral Visayas  
Region VII, Central Visayas  
SANGAY NG LUNGSOD NG CEBU  
DIVISION OF CEBU CITY



**DON SERGIO OSMEÑA SR. MEMORIAL NATIONAL HIGH SCHOOL**

PAARALAN

School

*Pinatutunayan nito na si*

This certifies that

**Jhugene R. Garrata**

*ay maluwalhating nakatapos ng kurso sa Sekundarya na itinakda para*

has satisfactorily completed the secondary academic course prescribed for

*sa Mataas na Paaralan ng Kagawaran ng Edukasyon*

High School by the Department of Education

*kaya pinagkalooban siya nitong*

and hereby awarded this

**Katunayan**

CERTIFICATE

*Nilagdaan sa Lungsod ng Cebu, Pilipinas*

Signed in Cebu City, Philippines

*Ngayon ika- 3 ng Abril, 2009*

This 3rd day of April, 2009

**GREGORIO CYRUS R. ELEJORDE**

**PUNONG-GURO**

Principal

**MONINA B. POLLOSO**  
TAGAPAGMASID

**LORNA E. RANCES, Ph.D., CESO VI**

**TAGAPAMANIHALA**

Superintendent

**November 17, 2020**

**CERTIFICATE OF EMPLOYMENT**

To Whom It May Concern:

This is to certify that **Mr. Gonzalve, Jhugene G.** was an employee of Teleperformance Philippines from **September 24, 2019 to September 24, 2020**. He was designated as **Customer Service Representative**.

This certifies further that **Mr. Gonzalve** is cleared of all his accountabilities, proprietary and monetary, in connection with his employment from the Company.

This Certification is being issued upon the request of **Mr. Gonzalve** for **Employment Purposes**.



**Darwin James Y. Llaban**  
Human Resources Specialist  
Teleperformance - Cebu

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21/ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

<p><b>1</b> For the year (YYYY) <b>1</b> 2023</p> <p><b>Part I Employee Information</b></p> <p><b>3</b> TIN 763 964 610 000</p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>5</b> RDO Code GONZALVE, JHUGENE, GARRATA 126</p> <p><b>6</b> Registered Address <b>6A</b> Zip Code 719-E Tres De Abril St. CITY OF CEB 6000</p> <p><b>6B</b> Local Home Address <b>6C</b> Zip Code</p> <p><b>6D</b> Foreign Address <b>6E</b> Zip Code</p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>8</b> Contact number 03 15 1992 09754374932</p> <p><b>9</b> Statutory Minimum Wage rate per day <b>9</b></p> <p><b>10</b> Statutory Minimum Wage rate per month <b>10</b></p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II Employer Information (Present)</b></p> <p><b>12</b> Taxpayer Identification No. <b>12</b> 006 944 742 000</p> <p><b>13</b> Employer's Name TRANSCOM WORLDWIDE (PHILIPPINES), INC.</p> <p><b>14</b> Registered Address <b>14A</b> Zip Code Silver City 5 Office Lane Ortigas 1604</p> <p><b>15</b> <input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer</p> <p><b>Part III Employer Information (Previous)-1</b></p> <p><b>16</b> Taxpayer Identification No. <b>16</b></p> <p><b>17</b> Employer's Name</p> <p><b>18</b> Registered Address <b>18A</b> Zip Code</p> <p><b>Part IV-A Summary</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td><b>19</b> Gross Compensation Income from Present Employer (Sum of items 38 and 52)</td><td style="text-align: right;">257,022.31</td></tr> <tr><td><b>20</b> Less: Total Non-Taxable/Exempt (Item 38)</td><td style="text-align: right;">59,361.97</td></tr> <tr><td><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20)(From Item 52)</td><td style="text-align: right;">197,660.34</td></tr> <tr><td><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable</td><td></td></tr> <tr><td><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)</td><td style="text-align: right;">197,660.34</td></tr> <tr><td><b>24</b> Tax Due</td><td style="text-align: right;">202.76</td></tr> <tr><td><b>25</b> Amount of Taxes Withheld</td><td></td></tr> <tr><td><b>25A</b> Present Employer</td><td style="text-align: right;">202.76</td></tr> <tr><td><b>25B</b> Previous Employer, if applicable</td><td></td></tr> <tr><td><b>26</b> Total Amount of Taxes Withheld As adjusted</td><td style="text-align: right;">202.76</td></tr> <tr><td><b>27</b> 5% Tax Credit (PERA Act of 2008)</td><td></td></tr> <tr><td><b>28</b> Total Taxes Withheld Sum of items 26 and 27</td><td style="text-align: right;">202.76</td></tr> </table>	<b>19</b> Gross Compensation Income from Present Employer (Sum of items 38 and 52)	257,022.31	<b>20</b> Less: Total Non-Taxable/Exempt (Item 38)	59,361.97	<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20)(From Item 52)	197,660.34	<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable		<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	197,660.34	<b>24</b> Tax Due	202.76	<b>25</b> Amount of Taxes Withheld		<b>25A</b> Present Employer	202.76	<b>25B</b> Previous Employer, if applicable		<b>26</b> Total Amount of Taxes Withheld As adjusted	202.76	<b>27</b> 5% Tax Credit (PERA Act of 2008)		<b>28</b> Total Taxes Withheld Sum of items 26 and 27	202.76	<p><b>2</b> For the period From (MM/DD) <b>01 23</b> To (MM/DD) <b>12 31</b></p> <p><b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount</p> <p><b>29</b> Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE)</p> <p><b>30</b> Holiday Pay (MWE)</p> <p><b>31</b> Overtime Pay (MWE)</p> <p><b>32</b> Night Shift Differential (MWE)</p> <p><b>33</b> Hazard Pay (MWE)</p> <p><b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000) 23,830.40</p> <p><b>35</b> De Minimis Benefits 20,734.02</p> <p><b>36</b> SSS, GSIS, PHIC &amp; Pag-ibig Contributions &amp; Union dues (Employee share only) 14,797.55</p> <p><b>37</b> Salaries &amp; Other forms of Compensation</p> <p><b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 59,361.97</p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>39</b> Basic Salary 134,461.19</p> <p><b>40</b> Representation</p> <p><b>41</b> Transportation</p> <p><b>42</b> Cost of Living Allowance (COLA)</p> <p><b>43</b> Fixed Housing Allowance</p> <p><b>44</b> Others (Specify)</p> <p><b>44A</b> OTHER ALLOWANCES 24,437.50</p> <p><b>44B</b></p> <p><b>SUPPLEMENTARY</b></p> <p><b>45</b> Commission</p> <p><b>46</b> Profit Sharing</p> <p><b>47</b> Fees including Director's Fees</p> <p><b>48</b> Taxable 13th Month Benefits</p> <p><b>49</b> Hazard Pay</p> <p><b>50</b> Overtime Pay 21,257.81</p> <p><b>51</b> Others (Specify)</p> <p><b>51A</b></p> <p><b>51B</b> OTHER SUPPLEMENT 17,503.84</p> <p><b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B) 197,660.34</p>
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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.

**53** MUKUL HANDA - SENIOR DIRECTOR, HRSS Date Signed **01 01 2024**  
Present Employer/Authorized Agent Signature Over Printed Name

**CONFORME:**

**54** GONZALVE, JHUGENE, GARRATA Date Signed \_\_\_\_\_  
Employee Signature Over Printed Name

CTC No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Issue \_\_\_\_\_ Amount Paid \_\_\_\_\_

**To be accomplished under substituted filing**

<p>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which have been filed with the Bureau of Internal Revenue</p> <p><b>55</b> <u>MUKUL HANDA - SENIOR DIRECTOR, HRSS</u> Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>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 3-2002, as amended.</p> <p><b>56</b> <u>GONZALVE, JHUGENE, GARRATA</u> Employee Signature Over Printed Name</p>
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