



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-025816905-6** PhilSys Number :
 Member Category : **FORMAL ECONOMY - PRIVATE -**
 Sub-Category : **PERMANENT/REGULAR** NHTS Coverage : **N/A**
 Validity Period : **N/A - N/A**

RECEROTE, KATHLEEN SAYSON

TUNGASON LAGTANG, TALISAY CEBU

Foreign Address : **N/A** Sex : **FEMALE**
 Date of Birth : **05/11/2000**
 Place of Birth :
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
 (Local) : **N/A** Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **001020007801**
 Name of Employer/Organized Group : **AMAZON OPERATION SERVICES PHILIPPINES INC**
 Business Address : **PHILAMLIFE CTR CEBU C ROSALES ST CEBU BUSINESS CTR, LUZ, CEBU CITY CEBU**
 Telephone Number : **8194700** Employment Status : **SEPARATED**
 Tax Identification Number : **009735033** Date : **04/30/2024**

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122546856117	OBISO	AMORGAEA REIGN	RECEROTE	FEMALE	DAUGHTER	11/23/2019
122550870477	OBISO	JOSIAH ZAIREIGN	RECEROTE	MALE	SON	08/30/2022

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

May 24, 2024 09:33 AM



(Copy for CGRO)

Mandatory 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

(Fill out completely, accurately and legibly, use ink or typewriter. Place X before the appropriate answer in items 2, 6a, 10 and 15a.)

Province CEBU Registrar No. 1045
City/Municipality BANTYUAN

1. NAME (First) (Middle) (Last)
KATHLEEN SAISON RECEPOTE

2. SEX 1 Male X Female 3. DATE OF BIRTH (Day) (Month) (Year)
11 MAY 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) PATRO BANTYUAN CEBU

5a. TYPE OF BIRTH X 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.) THIRD d. WEIGHT AT BIRTH 7.0 kg grams

6. MAIDEN NAME (First) (Middle) (Last)
LORENA DESPABELADERO SAISON

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEKEEPER 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
PATRO BANTYUAN CEBU

13. NAME (First) (Middle) (Last)
JUANITO DELAJO RECEPOTE

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION FISHERMAN 17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS: (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 4, 1995 - KAMPINGLAWAN, BANTYUAN, CEBU

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 1:30 o'clock pm on the date stated above.

Signature Mrs. SALDOMA O. LAJOA Address PATRO, BANTYUAN
Name in Print Mrs. SALDOMA O. LAJOA City CEBU
Title or Position HEW Date 5-26-2000

20. INFORMANT
Signature JUANITO RECEPOTE Address PATRO, BANTYUAN
Name in Print JUANITO RECEPOTE City CEBU
Relationship to the child FATHER Date 5-26-2000

21. PREPARED BY
Signature Mrs. SALDOMA O. LAJOA
Name in Print Mrs. SALDOMA O. LAJOA
Title or Position HEW

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature REMILO P. SUYKO
Name in Print REMILO P. SUYKO
Title or Position Municipal Civil Registrar
Date MAY 26 2000

REMARKS/ANNOTATION

1279-001-0027

3070 0106

11

11304015

22375

52917N

77 33 17

300 32 17

200 31 17

641 32

000228

04525-37-400ADT-00790-BI001

BEST POSSIBLE IMAGE



T40004525400079005222012001

PH000350115

BReN 02209-B00KB05-3

Documentary Stamp Tax Paid

Carmelita N. Ericta

CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office





Republic of the Philippines
Province of Cebu
City of Talisay
Barangay Lagtang
Tel. No.: (032)462-2745



*From the desk of the Brgy. Councilor:
Hon. Carmel John E. Burlas*

No. 05-151-2024

CERTIFICATION




To whom this may concern;

This is to certify **KATHLEEN SAYSON RECEROTE**, of legal age, is a registered resident of Purok Tungasan, Barangay Lagtang, City of Talisay, Cebu.

Further, that the above-mentioned name has no derogatory record on file in this office.

This certification is issued upon the request of **KATHLEEN SAYSON RECEROTE** for **EMPLOYMENT PURPOSES**.

Issued this 23rd day of May, 2024 at Barangay Lagtang, Talisay City, Cebu, Philippines.


Hon. Carmel John E. Burlas
Barangay Councilor

Not valid without seal.



AMAZON OPERATION SERVICES PHILIPPINES, INC.

One E-Com Center, 4/F Unit 2C, Ocean Drive, Mall of Asia Complex, Pasay City 1300, Philippines

April 22, 2024

Employment Certification Letter for Kathleen Sayson Recerote

This digital letter serves to certify that Kathleen Sayson Recerote, was a full-time seasonal employee from May 29, 2023 to August 28, 2023 and a full-time permanent employee from August 29, 2023 to April 18, 2024 in Amazon Operation Services Philippines, Inc. Her last held designation was CS Associate and was based in our Philippines office. Her annual base salary was PHP 256,800.00 .

All applicable clearances have been completed.

If you require further clarification, please feel free to email email-hr-apac@amazon.com or call +63 2 8271 1438.

For Amazon Operation Services Philippines, Inc.,

A handwritten signature in black ink, appearing to read "Jan Pedrosa".

Jan Pedrosa
Sr. HR Business Partner

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

THIS IS AN AUTOMATED CERTIFICATE. NO WET SIGNATURE REQUIRED.

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2019-4546**
 City/Municipality **TALISAY CITY**

CHILD
 1. NAME (First) **AMORGAEA REIGN** (Middle) **RECEROTE** (Last) **OBISO**
 2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **23** (Month) **NOVEMBER** (Year) **2019**
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., St., Barangay) (City/Municipality) (Province)
TALISAY DISTRICT HOSPITAL, SAN ISIDRO, TALISAY CITY, CEBU
 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of the birth as provided for twins including first death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2,700** grams

MOTHER
 7. MAIDEN NAME (First) **KATHLEEN** (Middle) **SAYSON** (Last) **RECEROTE**
 8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **N/A**
 10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **STUDENT** 12. AGE at the time of this birth (completed years) **19**
 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
LAGTANG, TALISAY CITY, CEBU, PHILIPPINES

FATHER
 14. NAME (First) **CARLITO JR.** (Middle) **CANADA** (Last) **OBISO**
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **AIRCON TECHNICIAN** 18. AGE at the time of this birth (completed years) **28**
 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
MOHON, TALISAY CITY, CEBU, PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
 20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT APPLICABLE**

21a. ATTENDANT
 1. Physician 2. Nurse 3. Midwife 4. Heil (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 **5:50 PM** am/pm on the date of birth specified above.
 Signature **DR. LEMUELA EVA A. ABECIA** Address **TALISAY DISTRICT HOSPITAL**
 Name in Print **MEDICAL OFFICER IV** **SAN ISIDRO, TALISAY CITY, CEBU**
 Title or Position **NOVEMBER 24, 2019**
 Date

22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.
 Signature **KATHLEEN S. RECEROTE** Signature **JENIFER P. BANTALITA**
 Name in Print **MOTHER** Name in Print **ADMINISTRATIVE ASSISTANT II**
 Relationship to the Child **LAGTANG, TALISAY CITY, CEBU** Title or Position
 Address **NOVEMBER 24, 2019** Date

24. RECEIVED BY
 Signature **MAE CHERYLLE A. MANUELA** Signature **FRANCIS L. DURUESG. CABANERO**
 Name in Print **ADMIN. AIDE I** Name in Print **CITY CIVIL REGISTRAR**
 Title or Position **DEC 09 2019** Title or Position
 Date

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



(To be accomplished in quadruplicate using black ink)

Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Registry No.

2022-03507

Province **CEBU**
City/Municipality **TALISAY CITY**

CHILD

1. NAME: (First) **JOSHIAH ZAIREIGN** (Middle) **RECEROTE** (Last) **OBISO**

2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH: (Day) **30** (Month) **AUGUST** (Year) **2022**

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution) **BEVER MATERNITY CLINIC, CANSOJONG, TALISAY CITY** (City/Municipality) **CEBU** (Province)

5A. TYPE OF BIRTH (Single Twin, Triplet, etc.) **SINGLE** 5B. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5C. BIRTH ORDER (Order of the birth as recorded has taken including Abortions) (First, Second, Third, etc.) **THIRD** 6. WEIGHT AT BIRTH **3,100** grams

MOTHER

7. MAIDEN NAME: (First) **KATHLEEN** (Middle) **SAYSON** (Last) **RECEROTE**

8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **N/A**

10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **CUSTOMER SERVICE REPRESENTATIVE** 12. AGE at the time of this birth (completed years) **22**

13. RESIDENCE (House No., St., Barangay) **TUNGASAN LAGTANG** (City/Municipality) **TALISAY CITY** (Province) **CEBU** (Country) **PHILIPPINES**

FATHER

14. NAME: (First) **CARLITO** (Middle) **CANADA** (Last) **OBISO JR.**

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **CHRISTIAN** 17. OCCUPATION **AIR CONDITIONING TECHNICIAN** 18. AGE at the time of this birth (completed years) **31**

19. RESIDENCE (House No., St., Barangay) **TUNGASAN LAGTANG** (City/Municipality) **TALISAY CITY** (Province) **CEBU** (Country) **PHILIPPINES**

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

20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT MARRIED**

21a. ATTENDANT

1. Physician 2. Nurse 3. Midwife 4. Heit (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 **01:56 PM** am/pm on the date of birth specified above.

Signature **DRA. JESSA M. ALEMANIA** Address **450 GARCES STREET, CANSOJONG TALISAY CITY, CEBU**

Name in Print **OBGYN** Date **AUGUST 30, 2022**

22. CERTIFICATION OF INFORMANT

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

Signature **KATHLEEN S. RECEROTE**

Name in Print **MOTHER**

Relationship to the Child **TUNGASAN LAGTANG, TALISAY CITY, CEBU**

Address **AUGUST 30, 2022**

Date

23. PREPARED BY

Signature **ANNIDA. GASCON, RM**

Name in Print **REGISTERED MIDWIFE**

Title or Position **AUGUST 30, 2022**

Date

24. RECEIVED BY

Signature **MAE CHERYL A. MANDIB**

Name in Print **ADMIN. AID I**

Title or Position **SEP 12 2022**

Date

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature **CHRISTY LOURDES G. CABARERO**

Name in Print **CITY CIVIL REGISTRAR**

Title or Position **SEP 12 2022**

Date

REMARKS/ANNOTATIONS (For LCR/O/CRG Use Only)

G3P1(1011) 2ND PREGNANCY MISCARRIAGE



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

8 9 11 13 15 16 17

Republic of the Philippines
Department of Justice
National Bureau of Investigation

39428746

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows

NBI ID NO
R263EKKN00-ML12919399

FAMILY NAME
RECEROTE

MIDDLE NAME
SAYSON

ADDRESS
PUROK TUNGASAN BRGY LAGTANG TALISAY CITY, CEBU

DATE OF BIRTH
May 11, 2000

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
May 23, 2025

FIRST NAME
KATHLEEN

HUSBAND'S SURNAME

PLACE OF BIRTH
BANTAYAN CEBU

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



Date Printed: Thursday, 23 May 2024 08:20 am

Agency ML12
CASID barrientosr
O.R. No MP6V40R7WV
O.R. Date 23/05/2024 7:42:00 am
DST PAID

DATID barrientosr
BRID barrientosr
RELID
INTID
PRTID barrientosr



R263EKKN00-ML12919399

1936
ATTY. MEDARDO G. DE LEMOS
Director



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(07, 10/2017)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121283057330
REGISTRATION TRACKING NUMBER	921137031001

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	RECEROTE	KATHLEEN		SAYSON	<input type="checkbox"/>
FATHER	RECEROTE	JUANITO		GENUYO	<input type="checkbox"/>
MOTHER (Maiden Name)	SAYSON	LORNA		DESPABELADERO	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	RECEROTE	KATHLEEN		SAYSON	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
05/11/2000	Single/Unmarried		642571874		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
BANTAYAN, CEBU	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	157.00	50.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/INP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS						
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name			HOME	
Lot No.	Block No.	Phase No.	House No.	Street Name	CELLPHONE	
				TUNGASAN	+63 (0951) 9934348	
Subdivision		Barangay			BUSINESS (DIRECT LINE)	
		LAGTANG				
Municipality/City		Province/State/Country			BUSINESS (TRUNK LINE)	
TALISAY CITY		CEBU, PHILIPPINES				
ZIP Code					E-MAIL ADDRESS	
6045					kathrecerote@gmail.com	
PRESENT HOME ADDRESS						
Unit/Room No., Floor		Building Name	Lot no.	Block no.	Phase No.	
House No.		Street Name	Subdivision		Barangay	
		TUNGASAN			LAGTANG	
Municipality/City		Province/State/Country			Zip Code	
TALISAY CITY		CEBU, PHILIPPINES			6045	
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS				

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS

OCCUPATION		EMPLOYMENT STATUS	TYPE OF WORK	
EMPLOYER/BUSINESS NAME			COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS			MANNING AGENCY	
Unit/Room No., Floor		Building Name		
Lot No.	Block No.	Phase No.	House No.	Street Name
Subdivision		Barangay		
Municipality/City		Province		
State/Country(if abroad)		ZIP Code		
			MONTHLY INCOME	
			Basic	0.00
			Allowances/Others	0.00
			Total Mo. Income	0.00
			OFFICE ASSIGNMENT	
			DATE EMPLOYED	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	FROM TO

HEIRS

LASTNAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
OBISO	AMORGAEA REIGN		RECEROTE	[] DAUGHTER	11/23/2019

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT

SIGNATURE OF MEMBER

DATE

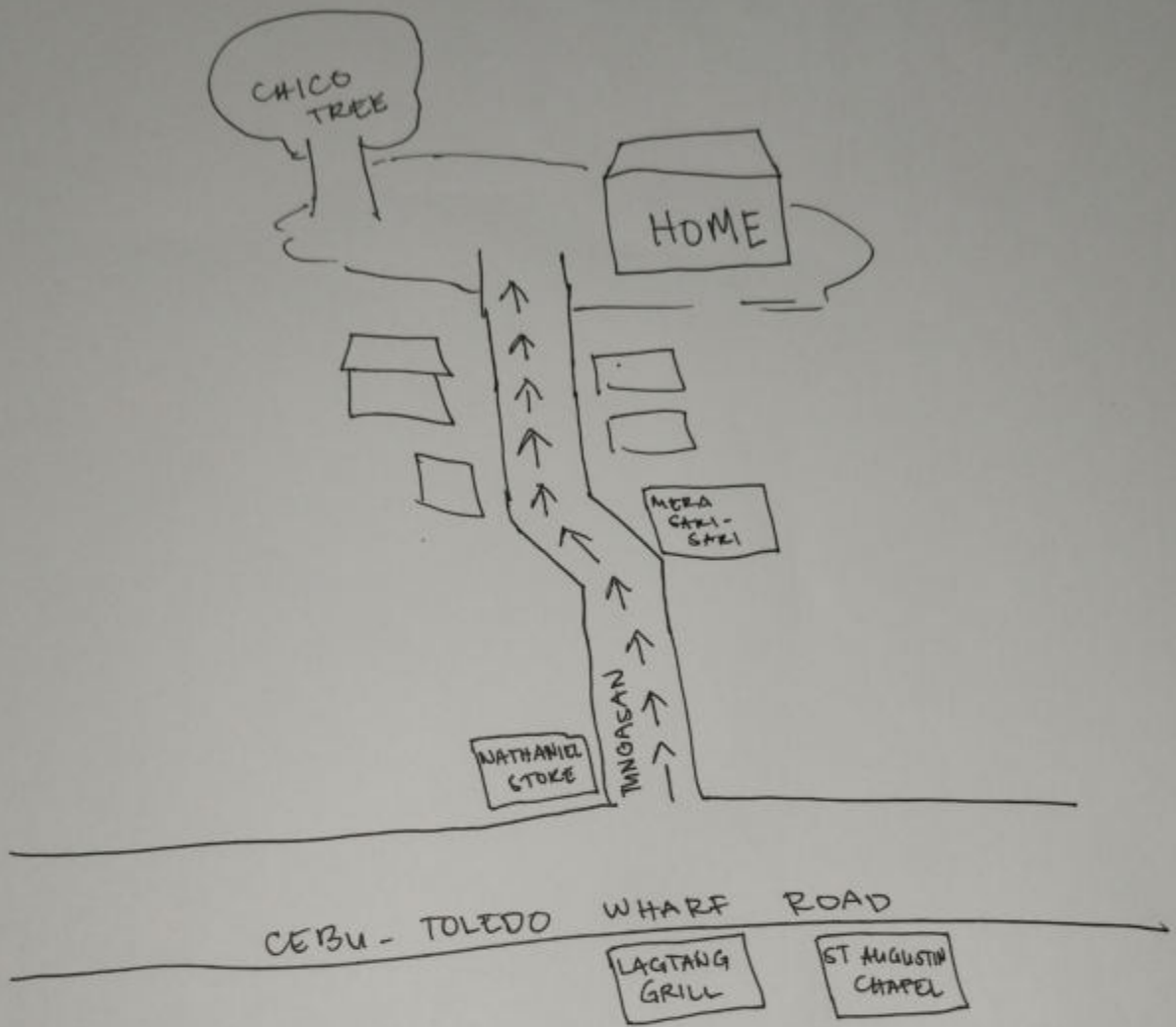
HUMF
NOT AUTHENTICATED
BY _____
DATE 06/16/2021

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
Signature over Printed Name	
Designation/Position	
Branch/Unit	

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



ADDRESS: TUNGASAN, LAGTANG
TALISAY CITY, CEBU



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
PERSONAL RECORD**
FOR ISSUANCE OF SS NUMBER

SS NUMBER
06-4257187-4

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) RECORTE (FIRST NAME) KATHLEEN (MIDDLE NAME) SAYSON (SUFFIX) _____ DATE OF BIRTH (mm/dd/yyyy) 05/11/2010

SEX Male Female CIVIL STATUS Single Married Widowed Legally Separated Others _____ TAX IDENTIFICATION NUMBER (if any) _____

NATIONALITY FILIPINO RELIGION N/A PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) DANTAMAN CEBU (CITY, COUNTRY, if born outside the Philippines) _____

HOME ADDRESS (PULP/LOT NO. & BLDG. NAME) _____ (HOUSE/LOT & BUL. NO.) _____ (STREET NAME) _____ (SUBDIVISION) _____

(CITY/DISTRICT/LOCALITY) LAGTANG (CITY/MUNICIPALITY) TALISAY CITY (PROVINCE) CEBU (COUNTRY) PHILIPPINES ZIP CODE 6045

MOBILE/CELLPHONE NUMBER 99294092620 E-MAIL ADDRESS kathrecorte@gmail.com TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) _____

FATHER (LAST NAME) RECORTE (FIRST NAME) JUANITO (MIDDLE NAME) DENNYO (SUFFIX) _____

MOTHER'S MAIDEN NAME SAYSON (LAST NAME) LORENA (FIRST NAME) DESPARADERO (MIDDLE NAME) _____ (SUFFIX) _____

B. DEPENDENT(S)/BENEFICIARY(ES) Check this box if using additional sheet.

SPOUSE (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ DATE OF BIRTH (mm/dd/yyyy) _____

CHILDREN (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ DATE OF BIRTH (mm/dd/yyyy) _____

1. _____

2. _____

3. _____

4. _____

5. _____

OTHER BENEFICIARY(ES) (if without spouse & child and parents are both deceased) (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ RELATIONSHIP _____ DATE OF BIRTH (mm/dd/yyyy) _____

1. _____

2. _____

A. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings ₱ _____

OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings ₱ _____ Are you applying for membership in the Flex-Fund Program? YES NO

NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (₱) _____ I agree with my spouse's membership with SSS. _____ SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

KATHLEEN C. RECORTE
PRINTED NAME

[Signature]
SIGNATURE

3-18-19
DATE

Registrant is required to affix fingerprints



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) _____ **WORKING SPOUSE'S MISC (FOR NWS)** _____

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) ₱ _____ **APPROVED MISC (FOR SE/OFW/NWS)** _____

START OF PAYMENT (FOR NWS) _____ **FLEX-FUND APPLICATION (FOR OFW)** Approved Disapproved

RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) _____ **REVIEWED BY (NWS BRANCH/SERVICE OFFICE)** _____

SIGNATURE OVER PRINTED NAME _____ **DATE & TIME** _____

RECEIVED & PROCESSED BY (NWS BRANCH/SERVICE OFFICE/FOREIGN OFFICE) _____ **SIGNATURE OVER PRINTED NAME** _____ **DATE & TIME** _____

SSS CEBU BRANCH OFFICE
JE-ANNE B. BONDRA 2019
RECEIVED BY (COPY OF ORIGINAL)



BIR Form No.
2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the Year (YYYY)

2 For the Period From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN - - -

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

Part II - Employer Information (Present)

12 TIN - - -

13 Employer's Name

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	227,614.25
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	52,213.75
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	175,400.50
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	175,400.50
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Sum of Items 26 and 27)	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	24,660.75
35 De Minimis Benefits	15,000.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	12,553.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	52,213.75
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	139,375.97
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	
44A <input type="text"/>	0.00
44B <input type="text"/>	0.00
SUPPLEMENTARY	
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	20,099.53
51 Others (specify)	
51A <input type="text"/>	15,925.00
51B <input type="text"/>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	175,400.50

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.

53 Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME: 54 Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee Place of Issue

Date Issued 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.

55 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 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.

56 Employee Signature over Printed Name