



BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

Main form body containing sections: Part I - Employee Information, Part II - Employer Information, Part III - Employer Information (Previous), Part IV-A - Summary, and Part IV-B Details of Compensation Income & Tax Withheld from Present Employer.

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.

Signature section for Present Employer/Authorized Agent (Edenrey Ramos) and Employee (Tatoy Charles NMN) with date and place of issue fields.

Declaration section for substituted filing, including a statement from the employee and a statement from the employer/authorized agent.

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



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) : **12-025973056-8** PhilSys Number :  
Member Category : **FORMAL ECONOMY - PRIVATE -**  
Sub-Category : **PERMANENT/REGULAR** NHTS Coverage : **N/A**  
Validity Period : **N/A - N/A**

### TATOY, CHARLES

SABANG, LAPU-LAPU CITY (OPON) CEBU

Foreign Address : **N/A** Sex : **MALE**  
Date of Birth : **08/08/1998**  
Place of Birth : **LAPU-LAPU CITY (OPON), CEBU**  
Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**  
(Local) : **N/A** Tax Identification Number :

### ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **230276000477**  
Name of Employer/Organized Group : **TPPH-FHCS INC (AEGIS PEOPLE SUPPORT INC)**  
Business Address : **5TH FLOOR PEOPLE SUPPORT CENTER AYALA AVE COR SEN GIL PUYAT AVE, SAN LORENZO, MAKATI CITY FOURTH DIST.**  
Telephone Number : **028858000** Employment Status : **EMPLOYED**  
Tax Identification Number : **205394448** Date : **11/25/2021**

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* 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.

Jun 03, 2024 04:25 PM



(Copy for OCR)

Municipal Form No. 102 (To be accomplished in quadruplicate)  
 (Revised January 1993) Republic of the Philippines  
**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. 98-4422  
 City/Municipality Lapu-Lapu

**1. NAME** (First) (Middle) (Last)  
Charles Tatoy

**2. SEX**  1 Male  2 Female **3. DATE OF BIRTH** (day) (month) (year)  
8 August 1998

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)  
Tuburan Sabang LLC Cebu

**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 total deaths including this delivery) (first, second, third, etc.) 1 **d. WEIGHT AT BIRTH**  
2737 grams

**6. MAIDEN NAME** (First) (Middle) (Last)  
Cristina Tatoy

**7. CITIZENSHIP** Phil. **8. RELIGION**  
RC.

**9a. 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:** 17 years

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
Tuburan Sabang LLC Cebu

**13. NAME** (First) (Middle) (Last)  
None

**14. CITIZENSHIP** None **15. RELIGION**

**16. OCCUPATION** **17. Age at the time of this birth:** \_\_\_\_\_ years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
Illegitimate

**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 5:00 AM \_\_\_\_\_ o'clock  
 am/pm on the date stated above.

Signature \_\_\_\_\_ Address Sabang LLC  
 Name in Print Felocina Tradio  
 Title or Position Traditional Midwife Date August 17, 1998

**20. INFORMANT**  
 Signature \_\_\_\_\_ Address Tuburan Sabang LLC  
 Name in Print Cristina Tatoy  
 Relationship to the child Mother Date August 17, 1998

**21. PREPARED BY**  
 Signature \_\_\_\_\_  
 Name in Print Norma S. Lao  
 Title or Position Public Health Midwife  
 Date August 17, 1998

**22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**  
 Signature \_\_\_\_\_  
 Name in Print Blissa U. Tiong  
 Title or Position OCR  
 Date August 17, 1998

1291-AR Q805-8

9804422

1

1080898

22269

1

012737

1 1

010100

220 17

22269

9 4

777 99

4

05163-F2-400RCP-01225-BI001  
 BEST POSSIBLE IMAGE  
  
 T400051634000122502192014001

BReN  
 02226-A98Q807-0  
 Documentary  
 Stamp Tax Paid

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







Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

Transaction Number: MO0380IW202101152340 Date/Time Generated: 15 January 2021 02:01:45 PM

SS NUMBER <b>35-0012392-1</b>			
NAME			
(LAST NAME) <b>TATOY</b>	(FIRST NAME) <b>CHARLES</b>	(MIDDLE NAME)	(SUFFIX)
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY) <b>08081998</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>LAPU-LAPU CITY (OPON)</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>
			SEX <b>MALE</b>
FATHER'S NAME (LAST NAME)		(FIRST NAME)	(MIDDLE NAME) (SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) <b>TATOY</b>		(FIRST NAME) <b>CRISTINA</b>	(MIDDLE NAME) (SUFFIX)
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME) <b>TUBURAN</b>	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) <b>SABANG</b>	(CITY/MUNICIPALITY) <b>LAPU-LAPU CITY (OPON)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6015</b>
			COUNTRY CODE <b>0063</b>
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>157.64</b>	WEIGHT (IN KILOGRAMS) <b>56</b>	DISTINGUISHING FEATURE/S
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0995) 671-3195</b>	EMAIL ADDRESS <b>charlestatoy98@yahoo.com</b>	
DEPENDENT(S)/BENEFICIARY/IES			
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)
1			
2			
3			
4			
5			
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME) (SUFFIX)	RELATIONSHIP DATE OF BIRTH (MMDDYYYY)
1			
2			
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE			
<b>SELF-EMPLOYED (SE)</b>	<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>
Profession/Business	Foreign Address		SS No./Common Reference No. of Working Spouse
Year Prof./Business Started			
Monthly Earnings	Monthly Earnings	Are you applying for membership in the Flex-Fund Program?	Monthly Income of Working Spouse (P)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF APPLICATION			
PURPOSE <b>FOR EMPLOYMENT</b>	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION			
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION			
1. I certify that the information provided are true and correct. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; • sharing of these data with SSS service providers to carry out the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.			

**ER'S DATA FORM  
(MDF)**

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	3	3	9	0	5	0	5	3
REGISTRATION TRACKING NUMBER											
921015013239											



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
SS NUMBER SLIP

SS Number: 35-0012392-1

TATOY, CHARLES

Birthdate: 08/08/1998

HON. BELINDA I. ALIBONG  
PUNONG BARANGAY

**BARANGAY COUNCILORS:**

HON. JOEL T. BUTALIO

HON. ARCHEL T. INOC

HON. GLENN B. TANED

HON. MARCELINO V. LOODNIA

HON. JAIME T. INOC

HON. ELMER H. ABOGADIE

HON. AMELITO I. CARETE

MRS. MA. ELMA C. NAVARRO  
BARANGAY TREASURER

MRS. CONSUELO EVANGELISTA  
BARANGAY SECRETARY

HON. ELMER B. TRADIO  
SK CHAIRMAN

**SK COUNCILORS:**

HON. JAMIE T. INOC

HON. LEA ME C. TISDY

HON. APRIL MAE I. SITON

HON. RURY JAKE L. CARETE

HON. ABECHAEAL D. TISDY

HON. ELJA MAE A. CARETE

HON. JAYMIL J. LUMAINO

MS. JERICHA F. INOC  
SK SECRETARY

MS. JECA S. BUTALIO  
SK TREASURER

MRS. ARGENE M. ALONZO  
BARANGAY CLERK

MRS. RUTH I. MARANGA  
YAW DESK

MRS. VIRGINIA A. BEMIL  
BADAC FOCAL



Republic of the Philippines  
City of Lapu-Lapu  
Barangay Sabang



**OFFICE OF THE PUNONG BARANGAY**

**BARANGAY CLEARANCE**  
TO WHOM IT MAY CONCERN:

This is to certify that CHARLES TATOY, 25 years of age. Single and Born on August 8, 1998. A resident of Tumoy Tuburan Sabang, Lapu-Lapu City. Personally, known to the undersigned to be a person of good moral character, a law-abiding citizen who enjoy excellent reputation in the community.

As far as this office is concern, he has no derogatory records and that has never been charged in consonance with P.D 1508 as of this date.

This clearance is being issued upon the request of Above- mentioned person in connection for his application/requirement for any Legal Purposes.

Issued this 3rd day of JUNE, 2024 at Barangay Sabang Lapu -Lapu City.



CHARLES TATOY  
Signature Over Printed Name

Noted By:

*Belinda I. Alibong*  
HON. BELINDA I. ALIBONG  
Punong Barangay

