



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

I, Janelyn Baylois, and \_\_\_\_\_ parents/parent of the child mentioned in this Certificate of Live Birth, do hereby swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)  
Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

Baylois  
(Signature of Mother)  
Community Tax No. 00152242  
Date Issued 6-15-2004  
Place Issued JLCC

SUBSCRIBED AND SWORN to before me this 12 day of July, 2004, at \_\_\_\_\_, Philippines.

(Signature of Administering Officer) \_\_\_\_\_ (Title/Designation) \_\_\_\_\_  
(Name in Print) NORMA S. DIPUTADA (Address) CITY CIVIL REGISTRAR

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, Janelyn Baylois, of legal age, single/married and with residence and postal address at Corrales Ert. Cas. de Oro City after having been duly sworn to in accordance with law, do hereby swear and say:

- That I am the applicant for the delayed registration of my birth/of the birth of \_\_\_\_\_
- That I/he/she was born on Janelyn Baylois at Corrales Ert. Cas. de Oro City
- That I/he/she was attended by 200 Janice T. Lunio
- That I/he/she is a citizen of Philippines
- That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
- That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_
- That a copy of my/his/her birth certificate is needed for the purpose of documentation
- (For the applicant only) That I am married to \_\_\_\_\_  (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

(Signature of Administering Officer) \_\_\_\_\_ (Title/Designation) \_\_\_\_\_  
(Name in Print) NORMA S. DIPUTADA (Address) CITY CIVIL REGISTRAR  
Community Tax No. 00152242  
Date Issued 6-15-2004  
Place Issued JLCC  
12 JUL 2004

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, Philippines.

(Signature of Administering Officer) \_\_\_\_\_ (Title/Designation) \_\_\_\_\_  
(Name in Print) NORMA S. DIPUTADA (Address) CITY CIVIL REGISTRAR

05302-53-400RCP-01053-BI024

BEST POSSIBLE IMAGE



T400053024000105307082014024  
X1500052573

BReN  
04305-B01PG0Q-5  
Documentary  
Stamp Tax Paid

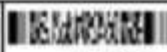
Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, F  
National Statistician and Civil Registrar  
Philippine Statistics Authority





BIR Form No. **2316**

**Certificate of Compensation Payment/Tax Withheld**



January 2018 (BIRDC)

For Compensation Payment With or Without Tax Withheld

2316 (01)/MENCE

1. It is an applicable income. Mark all applicable boxes with an "X"

2 For the Year (YYYY) **2024**

3 For the Period From (MM/DD) **1 1** To (MM/DD) **1 12**

**Part I - Employee Information**

4 TIN: **634 444 242 000**

5 Employee's Name (Last Name, First Name, Middle Name) & RDO Code  
**Bayosis, Janelle Calban 0813**

6 Registered Address (RA) Zip Code  
**Purok Tandang Sora 1 Legu-Lagu City 4000**

7 Date of Birth (MM/DD/YYYY) & Contact Number  
**7 16 2001**

8 Statutory Minimum Wage rate per day

9 Statutory Minimum Wage rate per month

10 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

**Part II - Details of Compensation Income and Tax Withheld from Present Employer**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

27 Basic Salary (including the exempt P20,000 & below of the Statutory Minimum Wage of the MWS)	
28 Holiday Pay (MWS)	
29 Overtime Pay (MWS)	
30 Night Shift Differential (MWS)	
31 Hazard Pay (MWS)	
32 13th Month Pay and Other Benefits (maximum of P90,000)	
33 De Minimis Benefits	1,000.00
34 SSS, GSIS, PHIC & Pag-IBIG contributions and Unlawful Deductions (employee share side)	1,172.50
35 Subsidies & Other Forms of Compensation	1,269.97
36 Total Non-Taxable/Exempt compensation income (Sum of Items 27 to 35)	3,442.47

**Part III - Employer Information (Present)**

12 TIN: **007 964 541 000**

13 Employer's Name  
**VCUSTOMER PHILIPPINES (CEBU), INC.**

14 Registered Address (RA) Zip Code  
**MF JICA-17 Center St General Mariano Alvarez Legu-Lagu, Cebu 6000**

15 Type of Employer:  Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

37 Basic Salary	1,833.12
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify): 42A	
42B	

**Part IV - Summary**

16 TIN: \_\_\_\_\_

17 Employer's Name: \_\_\_\_\_

18 Registered Address (RA) Zip Code: \_\_\_\_\_

**SUPPLEMENTARY**

43 Commission	
44 Profit Sharing	
45 Fees (including Director's Fees)	
46 Taxable 13th Month Pay	
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify): 49A <b>SL CONVERSION</b>	
49B <b>VL CONVERSION</b>	
50 Total Taxable Compensation Income (Sum of Items 37 to 50)	1,833.12

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	5,275.59
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (from Item 36)	3,442.47
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	1,833.12
22 Add: Taxable Compensation Income from Previous Employer	-
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	1,833.12
24 Tax Due	-
25 Amount of Taxes Withheld 25A Present Employer	-
25B Previous Employer	-
26 Total Amount of Taxes Withheld As of (Sum of Items 25A and 25B)	-

I hereby declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, this document complies with the provisions of section information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173)" for legitimate and lawful purposes.

51 **MORRIS P. GUILINDRANO**  
Present Employer Authorized Agent Signature Over Printed Name

52 **Bayosis, Janelle Calban**  
Employee Signature Over Printed Name

ETC No. / Valid ID of Employee \_\_\_\_\_ Date \_\_\_\_\_

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

Amount Paid, if ETC \_\_\_\_\_

**53 MORRIS P. GUILINDRANO**  
Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting, Human Resources or Authorized Representative)

I declare, under the penalties of perjury, that I am qualified under subsection (b) of Income Tax Return/BIR Form No. 1700, and I received purely compensation income from only one employer in the Philippines for the calendar year that taxes have been withheld by the employer. This declaration is authentic, that the BIR Form No. 2316-CF filed by the 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 IRB No. 2-2012, as amended.

54 **Bayosis, Janelle Calban**  
Employee Signature Over Printed Name

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



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**SS NUMBER SLIP**

06-4478490-2

**BAYLOSIS, JANELLE CAIBAN**

07/16/2001



00-4478400-2 BAYLOSIS, JANELLE CAIBAN

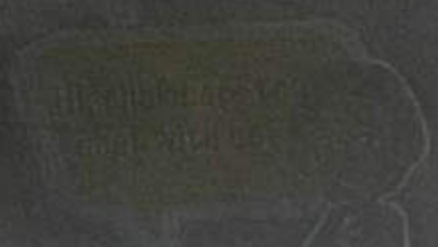
Your Pag-IBIG Membership ID No. is

121306836214

Close

SUBMIT

Back





Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

26 September 2022

Member Name : **BAYLOSIS , JANELLE CAIBAN**  
Member Address : **MONTA?EZA (INANLANG), MALABUYOC, CEBU 6029**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1202-6088-3696**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

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

*This is a system generated document, signature is not required*

