



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"

<p>1 For the Year (YYYY) <b>2 0 2 4</b></p> <p><b>Part I - Employee Information</b></p> <p>3 TIN <b>3 1 7 - 7 8 6 - 1 5 5 -</b></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <b>Babatid, Perceval Ortiz</b></p> <p>5 RDO Code <b>1 2 6</b></p> <p>6 Registered Address _____</p> <p>6A ZIP Code _____</p> <p>6B Local Home Address Crossing J Tabura and F Ja _____</p> <p>6C ZIP Code _____</p> <p>6D Foreign Address Cebu City _____</p> <p>7 Date of Birth (MM/DD/YYYY) <b>0 6 1 6 1 9 9 2</b></p> <p>8 Contact Number <b>0 9 6 0 0 5 0 7 4 1 3</b></p> <p>9 Statutory Minimum Wage rate per day _____</p> <p>10 Statutory Minimum Wage rate per month _____</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p>12 TIN <b>2 1 7 - 5 6 9 - 5 0 0 -</b></p> <p>13 Employer's Name <b>TTEC Customer Care Management Philippines, Inc</b></p> <p>14 Registered Address <b>FiveEcom 10F Harbor Dr</b></p> <p>14A ZIP Code <b>MOA Pasay City Metro Manila 1300</b></p> <p>14B ZIP Code <b>1 3 0 0</b></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____</p> <p>18A ZIP Code _____</p> <p><b>Part IVA - Summary</b></p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <b>186,624.73</b></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>135,760.66</b></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <b>50,864.07</b></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>50,864.07</b></p> <p>24 Tax Due <b>0.00</b></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <b>0.00</b></p> <p>25B Previous Employer, if applicable <b>0.00</b></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b></p> <p>27 5% Tax Credit (PERA Act of 2008) <b>0.00</b></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <b>0.00</b></p>	<p>2 For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>0 2 1 0</b></p> <p><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>29 Basic Salary (including the exempt P250,000 &amp; below) or the Statutory Minimum Wage of the MWE</td><td></td></tr> <tr><td>30 Holiday Pay (MWE)</td><td></td></tr> <tr><td>31 Overtime Pay (MWE)</td><td></td></tr> <tr><td>32 Night Shift Differential (MWE)</td><td></td></tr> <tr><td>33 Hazard Pay (MWE)</td><td></td></tr> <tr><td>34 13th Month Pay and Other Benefits (maximum of P90,000)</td><td><b>2,936.91</b></td></tr> <tr><td>35 De Minimis Benefits</td><td><b>8,271.73</b></td></tr> <tr><td>36 SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only)</td><td><b>3,860.86</b></td></tr> <tr><td>37 Salaries and Other Forms of Compensation</td><td><b>120,691.16</b></td></tr> <tr><td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td><td><b>135,760.66</b></td></tr> </tbody> </table> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>39 Basic Salary</td><td><b>43,902.91</b></td></tr> <tr><td>40 Representation</td><td></td></tr> <tr><td>41 Transportation</td><td><b>0.00</b></td></tr> <tr><td>42 Cost of Living Allowance (COLA)</td><td><b>0.00</b></td></tr> <tr><td>43 Fixed Housing Allowance</td><td></td></tr> <tr><td>44 Others (specify)</td><td></td></tr> <tr><td>44A</td><td></td></tr> <tr><td>44B</td><td></td></tr> </tbody> </table> <p><b>SUPPLEMENTARY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>45 Commission</td><td></td></tr> <tr><td>46 Profit Sharing</td><td></td></tr> <tr><td>47 Fees Including Director's Fees</td><td></td></tr> <tr><td>48 Taxable 13th Month Benefits</td><td><b>0.00</b></td></tr> <tr><td>49 Hazard Pay</td><td></td></tr> <tr><td>50 Overtime Pay</td><td><b>6,961.16</b></td></tr> <tr><td>51 Others (specify)</td><td></td></tr> <tr><td>51A <b>CO. Incentives</b></td><td><b>0.00</b></td></tr> <tr><td>51B</td><td></td></tr> <tr><td>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</td><td><b>50,864.07</b></td></tr> </tbody> </table>	Item	Amount	29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE		30 Holiday Pay (MWE)		31 Overtime Pay (MWE)		32 Night Shift Differential (MWE)		33 Hazard Pay (MWE)		34 13th Month Pay and Other Benefits (maximum of P90,000)	<b>2,936.91</b>	35 De Minimis Benefits	<b>8,271.73</b>	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>3,860.86</b>	37 Salaries and Other Forms of Compensation	<b>120,691.16</b>	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<b>135,760.66</b>	39 Basic Salary	<b>43,902.91</b>	40 Representation		41 Transportation	<b>0.00</b>	42 Cost of Living Allowance (COLA)	<b>0.00</b>	43 Fixed Housing Allowance		44 Others (specify)		44A		44B		45 Commission		46 Profit Sharing		47 Fees Including Director's Fees		48 Taxable 13th Month Benefits	<b>0.00</b>	49 Hazard Pay		50 Overtime Pay	<b>6,961.16</b>	51 Others (specify)		51A <b>CO. Incentives</b>	<b>0.00</b>	51B		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<b>50,864.07</b>
Item	Amount																																																										
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE																																																											
30 Holiday Pay (MWE)																																																											
31 Overtime Pay (MWE)																																																											
32 Night Shift Differential (MWE)																																																											
33 Hazard Pay (MWE)																																																											
34 13th Month Pay and Other Benefits (maximum of P90,000)	<b>2,936.91</b>																																																										
35 De Minimis Benefits	<b>8,271.73</b>																																																										
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>3,860.86</b>																																																										
37 Salaries and Other Forms of Compensation	<b>120,691.16</b>																																																										
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<b>135,760.66</b>																																																										
39 Basic Salary	<b>43,902.91</b>																																																										
40 Representation																																																											
41 Transportation	<b>0.00</b>																																																										
42 Cost of Living Allowance (COLA)	<b>0.00</b>																																																										
43 Fixed Housing Allowance																																																											
44 Others (specify)																																																											
44A																																																											
44B																																																											
45 Commission																																																											
46 Profit Sharing																																																											
47 Fees Including Director's Fees																																																											
48 Taxable 13th Month Benefits	<b>0.00</b>																																																										
49 Hazard Pay																																																											
50 Overtime Pay	<b>6,961.16</b>																																																										
51 Others (specify)																																																											
51A <b>CO. Incentives</b>	<b>0.00</b>																																																										
51B																																																											
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<b>50,864.07</b>																																																										

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.

<p>53 <b>Ching, Emiliano Sanchez/</b> <i>[Signature]</i> Present Employer/Authorized Agent Signature over Printed Name</p> <p>CONFORME: 54 <b>Babatid, Perceval Ortiz</b> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. _____ Place of Issue _____</p>	<p>Date Signed <b>0 3 1 5 2 0 2 4</b></p> <p>Date Signed _____</p> <p>Date Issued _____</p> <p>Amount paid, if CTC _____</p>
---	--

**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. 1604-C which has been filed with the Bureau of Internal Revenue.</p> <p>55 <b>Ching, Emiliano Sanchez/</b> <i>[Signature]</i> 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 Return (BIR Form No. 1702), 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.</p> <p>56 <b>Babatid, Perceval Ortiz</b> Employee Signature over Printed Name</p>
---	---

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



REPUBLIC OF THE PHILIPPINES  
 CERTIFICATE OF LIVE BIRTH  
 (If not complete, accurately and legibly in ink or typewriter)

PROVINCE LAGUNA LOCAL CIVIL REGISTRY NO. \_\_\_\_\_  
 CITY / MUNICIPALITY LAGUNA

1. NAME (Print) GRACE SABIDO  
 2. SEX (Mark "X" on appropriate line) DATE OF BIRTH (Day) (Month) (Year)  
 X Male \_\_\_\_\_ Female \_\_\_\_\_ 16 June 1992

3. PLACE OF BIRTH (State or territorial jurisdiction, if not in territory, give address) (City/Municipality) (Province)  
Alayon Alayon Alayon

4a. TYPE OF BIRTH (Mark "X" on appropriate answer) No. of MULTIPLE BIRTH CHILD WAS  
 1 Single \_\_\_\_\_ 2 Twin \_\_\_\_\_ 3 Triplet or more \_\_\_\_\_  
 1 First \_\_\_\_\_ 2 Second \_\_\_\_\_ 3 Third, 4th, etc. \_\_\_\_\_  
 4. MAIDEN NAME (Print) (Middle) (Last) 7. NATIONALITY 8. RELIGION  
Joselina Ortiz Ortiz Phil. Ata  
 9. NAME (Print) (Middle) (Last) 10. NATIONALITY 11. RELIGION  
GRACE SABIDO SABIDO Phil. Ata

12. DATE AND PLACE OF MARRIAGE OF PARENTS (If not applicable, for Affidavit of Acknowledgment at the back)  
 Date July 12, 1987 Place Alayon, Laguna

13. CERTIFICATE OF ATTENDANT AT BIRTH (If not applicable, for Affidavit of Acknowledgment at the back)  
 I hereby verify that I attended the birth of the child who was born alive at \_\_\_\_\_ on the date stated above.  
 Signature \_\_\_\_\_ Address Alayon, Laguna  
 Name in print W. Hilos Alayon, Laguna  
 Title or position \_\_\_\_\_ Date June 16, 1992

14. DRUGGIST  
 Signature \_\_\_\_\_ Address Alayon, Laguna  
 Name in print \_\_\_\_\_ Alayon, Laguna  
 Relationship to child \_\_\_\_\_ Date July 2, 1992

15. PREPARED BY  
 Signature \_\_\_\_\_  
 Name in print \_\_\_\_\_  
 Title or position \_\_\_\_\_  
 Date July 2, 1992

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in print \_\_\_\_\_  
 Title or position \_\_\_\_\_  
 Date July 2, 1992

18. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 19. DATE WHEN INFORMATION WAS SUPPLIED 3420

06267-1A-400DCL-00671-8001

BEST POSSIBLE IMAGE



1400062671400067102272017001

KK 600963702

0604 010248210007

Documentary Stamp Tax Paid

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



REPUBLIKA NG PILIPINAS  
 Republic of the Philippines  
**KAGAWARAN NG EDUKASYON**  
 Department of Education  
 REHIYON X



SANGAY NG LUNGSOD NG MALAYBALAY  
 Division of Malaybalay City

**MATAAS NA PAARALANG PAMBANSA NG BUKIDNON**  
**BUKIDNON NATIONAL HIGH SCHOOL**

**MAIN**  
 Malaybalay City

**Pinatutunayan nito na si**

This certifies that

*Perceval O. Babatid*

**FIRST SPECIAL MENTION**

ay maluwalhatang nakatupad sa mga kinakailangan sa pagtatapos sa

has satisfactorily completed all the requirements for graduation of the

**REVISED BASIC EDUCATION CURRICULUM (RBEC) na itinakda ng Kagawaran ng Edukasyon**

Revised Basic Education Curriculum (RBEC) as prescribed by the Department of Education.

kaya siya ay pinagkalooban nitong


and therefore is awarded this

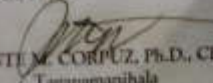
*Katibayan*

**DIPLOMA**

**Lungsod ng Malaybalay, Bukidnon, Pilipinas, ngayong ika-31 ng Marso, 2010.**

Given at Malaybalay City, Bukidnon, Philippines, this 31<sup>st</sup> day of March, 2010.

  
**PARISO L. ORONG**  
 Punong-Guro III  
 Secondary School Principal III

  
**FLORANTE M. CORPUZ, Ph.D., CESO V**  
 Tagapamamahala  
 Schools Division Superintendent



**ACEBEDO OPTICAL****FREE EYE CHECK-UP**

Ground floor, in front of

**JOYO Gaming HUB**

RIGHT EYE:

LEFT EYE:

Polyclinics &amp; Diagnostic Center, Inc.

M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City

032-2273/266-3245

arealpha.ph

SERVICE ORDER



Priority No.	0003
SO No.	465284
S.O Date	06/18/2024
Terms	30 Days
Amount Due	P800.00

STAFFING SOLUTIONS  
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

## PATIENT INFORMATION

PATIENT ID : 098652  
 PATIENT NAME : BABATID, PERCEVAL, ORTIZ  
 PATIENT ADDRESS : F. JACA ST., Pardo (Pob.), Cebu City (Capital), Cebu  
 MOBILE NO. : 09281605228  
 EMAIL ADDRESS :  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY



PRIME CARE  
 ALPHA

GENDER : Male  
 BIRTHDATE : 06/16/1992  
 AGE : 32  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME	1.00	800.00	800.00	TOTAL SALES 800.00
	*PE CHEST PA CBC UA <b>REQUIRED</b>				VARIABLE SALES 0.00
	DRUG TEST (NOTE: PLEASE COMPLY ALL				V-A-T 0.00
	THE FOLLOWING TEST WITHIN THIS DAY OTHERWISE YOU				SC/PWD DISCOUNT 0.00
	WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT				AMOUNT DUE 800.00
	AVAILMENT.)				

BIOMETRICS DONE

DATE: JUN 18/24

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

BY: Signature Over Printed Name

March 11, 2024

## Certificate of Employment

This is to certify that **Perceval Ortiz Babatid** was previously employed by TTEC as **Senior Specialist, Quality Assurance** from **09-JAN-20** to **10-FEB-24**.

If you require any additional information, you may reach us at [HC\\_EmploymentVerification@ttec.com](mailto:HC_EmploymentVerification@ttec.com).

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

Certified true and correct:



**Chandana Reddy**  
Vice President, Human Capital

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



address  
5ECOM 10<sup>th</sup> Floor Harbor Drive  
cor. Palm Coast Avenue Mall of  
Asia Pasay City 1300

contact  
ttec.com  
+1.800.835.3832