



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD**

34-9730296-5

Basic Information

Name of Applicant: ABELLO, CARL JUSTINE HISOLANA
 Date of Birth: 08/27/2000 (mm/dd/yyyy)
 Sex: MALE
 Marital Status: SINGLE
 Nationality: FILIPINO
 Religion: CHRISTIAN
 Place of Birth: CEBU CITY (CAPITAL) CEBU PHILIPPINES
 Home Address: INAYAWAN CEBU CITY (CAPITAL) CEBU 6000
 Telephone No:
 Mobile No: (0927) 574-2403
 Email Address: justinabello@gmail.com
 Name of Father: ABELLO, JESUS SAGAG
 Name of Mother: HISOLA, MARIA ELMA HISOLANA

Beneficiary(ies)

Purpose of Application

Purpose: FOR EMPLOYMENT

Applicant's Certification

Carl Justine Hisolana Abello
 Signature Over Printed Name

July 12, 2023
 Date



LEFT THUMB MARK

RIGHT THUMB MARK

TO BE FILLED OUT BY SSS

EVALUATED BY:

 Signature Over Printed Name

 Date

 Time

 Branch



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V08, 11/2020)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121290639151
REGISTRATION TRACKING NUMBER	921323100883

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <input type="checkbox"/>
MEMBER	ABELLO	CARL JUSTINE		HISOLANA	<input type="checkbox"/>
FATHER	ABELLO	JESUS		SAGANG	<input type="checkbox"/>
MOTHER (Maiden Name)	HISOLANA	MARIA ELMA		BILLOAN	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ABELLO	CARL JUSTINE		HISOLANA	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
06/27/2000	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CEBU CITY, CEBU		FILIPINO		GSIS NUMBER	
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	0.00	53.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				For AFP/PNP 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	Cell Phone
				GREENFIELD	+63 (0935) 5639703
Subdivision			Barangay		Business (Direct Line)
			INAYAWAN		
Municipality/City			Province/State/Country		Business (Trunk Line)
CEBU CITY			CEBU, PHILIPPINES		
ZIP Code			Email Address		
6000			justinelabello@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
		Lot no.		Block no.	
House No.		Street Name		Barangay	
		GREENFIELD		INAYAWAN	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

BIR Form No.
2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENC9) For Compensation Payment With or Without Tax Withheld 2316 2021ENC9

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

1 For the Year (YYYY) **2023** 2 For the Period From (MM/CC) **01 01** To (MM/CC) **12 31**

Part I - Employee Information

3 TIN **513 - 063 - 478 - 0000**

4 Employee's Name (Last Name, First Name, Middle Name)
ABELLO, CARL JUSTINE HISOLANA 5 RDO Code **081**

6 Registered Address **CEBU CITY** 6A ZIP Code **6000**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
20 Basic Salary (including the exempt P200,000 & below) or the Statutory Minimum Wage of the MWE	0.00
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)	7,913.66
35 De Minimis Benefits	0.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	6,350.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of items 20 to 37)	14,263.66

Part II - Employer Information (Present)

12 TIN **771 - 763 - 815 - 00000**

13 Employer's Name **CONTACTPOINT360PH CORP**

14 Registered Address **IT PARK IT PARK LAHUG CEBU CEBU** 14A ZIP Code **6000**

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

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	96,313.32
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	
44A	0.00
44B	

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52)	110,576.98
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	14,263.66
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	96,313.32
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	96,313.32
24 Tax Due	0.00
25 Amount of Taxes Withheld	
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

SUPPLEMENTARY

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	
50 Overtime Pay	
51 Others (specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	96,313.32

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 *[Signature]* Present Employer/Authorized Agent Signature over Printed Name **ELY CHIO** Date Signed

54 *[Signature]* Employee Signature over Printed Name **CARL JUSTINE ABELLO** Date Signed

55 Valid ID No. **SSS 3497302965** Place of Issue **Cebu City** 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 *[Signature]* Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) **ELY CHIO**

56 *[Signature]* Employee Signature over Printed Name **CARL JUSTINE ABELLO**

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

TCD201908473757



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE



TIN:

513-063-478-00000

Name:

ABELLO, CARL JUSTINE HISOLANA

Address:

GREENFIELD, INAYAWAN, CEBU CITY 6000
PHILIPPINES

Birth Date:

27-Aug-2000

TIN Exp. Date:

04-Jul-2025

Date:

SIGNATURE



CN: 047-2019757



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-250990159-5

ABELLO, CARL JUSTINE HISOLANA

AUGUST 27, 2000 - MALE

GREENFIELD, INAYAWAN, CEBU CITY 6000



1 2 2 5 0 9 9 0 1 5 9 5

INFORMAL ECONOMY


Signature

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, 5a, 5b and 19a.)

228

Province CEBU Registration No. 2000 25129
 City/Municipality CEBU CITY

CHILD

1. NAME (First) (Middle) (Last)
CARL JUSTINE HISOLANA ABELLO

2. SEX 1 Male 2 Female
 3. DATE OF BIRTH (day) (month) (year)
27 AUGUST 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
STO. NINO INAYAWAN CEBU CITY 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 fetal deaths including this delivery) (first, second, third, etc.)
 d. WEIGHT AT BIRTH 2410 grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
MARIA ELZA BILLOAN HISOLANA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

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 SALE GIRL 11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
STO. NINO INAYAWAN CEBU CITY CEBU

FATHER

13. NAME (First) (Middle) (Last)
JESUS SAGANG ABELLO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION _____ 17. Age at the time of this birth: 20 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JANUARY 23, 1999 SANBOAN - CEBU

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Hilot (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 7:20 o'clock am/pm on the date stated above.

Signature _____ Address STO NINO INAYAWAN
 Name in Print LOLITA V. BARINO CEBU CITY
 Title or Position HILOT Date AUGUST 27, 2000

20. INFORMANT
 Signature _____ Address STO. NINO INAYAWAN
 Name in Print MARIA ELZA ABELLO CEBU CITY
 Relationship to the child MOTHER Date AUGUST 27, 2000

21. PREPARED BY
 Signature _____
 Name in Print LOLITA V. BARINO
 Title or Position HILOT
 Date AUGUST 27, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print AGNES C. DENAPO
 Title or Position CLERK
 Date SEP 26 2000

For OCRG USE ONLY:
 Population Reference No. 2017-0008

TO BE FILLED UP AT OFFICE OF THE CIVIL REGISTRAR

41 60075
 48
 49 50 2008
 58 2178
 51
 52 54 01241
 58 59
 70 72
 76 78 359
 81 22178
 86 87
 88 91 985
 93 94 4

00022



Maritime Education and Training Center

This certifies that
Pinatutunayan nito na si

CARL JUSTINE H. ABELLO

LRN: 119907060017

has satisfactorily completed the requirements for graduation in Senior High School
ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School

ACADEMIC TRACK – STEM STRAND

prescribed for Secondary Schools of the Department of Education, and is therefore awarded this
na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong

DIPLOMA

Signed in the City of Cebu, Philippines, this 28th day of March, 2019.

Nilagdaan sa Siyudad ng Sugbu, Pilipinas nitong ika-28 ng Marso, 2019.



DR. NORMA O. OPLADO

CAPT. ARNEL N. MALAGA