



BIR Form No.
2316

September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 921 ENCS

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

1 For the Year (YYYY) 2023		2 For the Period From (MMCC) 0701 To (MMCC) 1231	
Part I - Employee Information			
3 TIN 2601-8371-1601-000000		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) Singson, Georgette Jane		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 0811		Amount	
6 Registered Address Blk 13 Lot 14 Neon St. Phase 3 Deca Homes Subdivision, Tungkil, Minglanilla		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 107,257.05	
6A ZIP Code 6000		30 Holiday Pay (MWE) 0.00	
6B Legal Home Address Blk 13 Lot 14 Neon St. Phase 3 Deca Homes Subdivision, Tungkil, Minglanilla		31 Overtime Pay (MWE) 0.00	
6C ZIP Code 6000		32 Night Shift Differential (MWE) 0.00	
6D Foreign Address N/A		33 Hazard Pay (MWE) 0.00	
7 Date of Birth (MMDDYYYY) 10102000		34 13th Month Pay and Other Benefits (maximum of P90,000) 7,110.00	
8 Contact Number		35 De Minimis Benefits 0.00	
9 Statutory Minimum Wage rate per day 0.00		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 7,050.00	
10 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax <input type="checkbox"/>		37 Salaries and Other Forms of Compensation	
Part II - Employer Information (Present)			
11		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 93,097.05	
12 TIN 1231-9681-4701-000000		B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name CENIX WEB DEVELOPMENT SERVICES		39 Basic Salary 0.00	
14 Registered Address 3rd Flr., 82 Vibo Center, N. Escario Street, Kampuhaw, Cebu City		40 Representation	
14A ZIP Code 6000		41 Transportation	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Cost of Living Allowance (COLA) 0.00	
Part III - Employer Information (Previous)			
16 TIN		43 Fixed Housing Allowance	
17 Employer's Name		44 Others (specify)	
18 Registered Address		44A	
18A ZIP Code		44B	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 39 and 52) 93,097.05		45 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 93,097.05		46 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00		47 Fees including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		48 Taxable 13th Month Benefits 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00		49 Hazard Pay	
24 Tax Due 0.00		50 Overtime Pay	
25 Amount of Taxes Withheld		51 Others (specify)	
25A Present Employer 0.00		51A	
25B Previous Employer, if applicable 0.00		51B	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 0.00	
27 5% Tax Credit (PERA Act of 2008) 0.00			
28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00			

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" (RA No. 10173) for legitimate and lawful purposes.

53 MARY GAY L. MONTUERTO Present Employer/Authorized Agent Signature over Printed Name	Date Signed 0228, 2024
54 Singson, Georgette Jane Employee Signature over Printed Name	Date Signed 0228, 2024
CTC/Valid ID No. of Employee	Place of Issue
	Date Issued
Amount paid, if CTC	

55 MARY GAY L. MONTUERTO Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	56 Singson, Georgette Jane Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



BARANGAY OFFICIALS
 2023 – 2025

JESSICA P. CADUNOG
 Barangay Captain

COUNCILORS

HAROLD KENDRICK Y. GO
 Committee on Health
 Committee on Budget and Finance
 Committee on Labor and
 Employment
 Committee on Infrastructure, Public
 Works and Services

GILBERT S. CUYOS
 Committee on Sports
 Committee on Disaster Risk
 Reduction

RAMIR J. SALONDOY
 Committee on Education
 Committee on Peace and Order
 Committee on Communication &
 Public Information

ENRIQUE M. BACALAN
 Committee on Cultural Affairs
 Committee on Senior Citizen and
 PWD

ESMERALDA C. DAÑO
 Committee on Laws & Ordinances
 Committee on Women and Child
 Protection

RENECITO O. SAGAYNO
 Committee on Urban Poor Affairs
 Committee on Solid Waste
 Management
 Committee on Social Welfare
 Livelihood and Cooperatives

ARNOLD D. BEJEC

LEONEVILLE G. BASAMOT
 SK Chairman
 Committee on Youth

JAN ROSE R. MIÑOZA
 Barangay Secretary

IRENE C. BELDAD
 Barangay Treasurer

BARANGAY CLEARANCE

This is to certify that the person whose name and signature appear hereon has requested a CLEARANCE from this office.

NAME: GEORGEITTE JANE S. SINGSON
 GENDER: FEMALE DATE OF BIRTH: 10 - 10 - 2000 AGE: 23 yrs. Old
 ADDRESS: 15 F. MANALO ST.
 CIVIL STATUS: SINGLE PLACE OF BIRTH: QUEZON CITY
 PURPOSE: FOR EMPLOYMENT PRECINCT NO : _____

Certify further that he / she is known of good moral character and is a law abiding citizen. He / she has neither pending nor derogatory record in our office.

Issued this 18TH day of JUNE 2024, at the office of the Barangay Captain, Barangay Kamputhaw, City of Cebu, Philippines.

JESSICA P. CADUNOG
 Barangay Captain

By the authority granted by law;


GILBERT S. CUYOS
 Barangay Councilor

not valid
 without seal

Note: THIS CLEARANCE IS VALID SIX (6) MONTHS AFTER THE DATE ISSUE.
 PLEASE observe proper Garbage disposal (City Ordinance No. 1361).



GLOBAL TALENT EXPERTS RECRUITMENT INC.
Unit 22E, Mindanao Ave, Cebu Business Park, Cebu City, 6000


CERTIFICATE OF EMPLOYMENT

To whom it may concern:

This is to certify that Ms. **GEORGEITTE JANE S. SINGSON** is a bona fide employee of **Global Talent Experts Recruitment Inc.** designated as **HR Specialist and Logistics Officer** from **February 19, 2024** up to **June 3, 2024**.

This certification is issued upon request of Ms. Singson for whatever legal purpose it may serve him/her best.

Given on the **14th** day of **June, 2024** at **GLOBAL TALENT EXPERTS RECRUITMENT INC.** with principal office Unit 22E Latitude Corporate Center Mindanao Ave Cebu Business Park Cebu City 6000.


MERY LOREEN D. GENGAN
HR – Business Partner

University of the Visayas



Cebu City, Philippines

To all whom these presents shall come

Greetings

Be it known that

GEORGEITTE JANE SUMINIG SINGSON

having satisfactorily completed the prescribed Curriculum in accordance with the recommendation of the Faculty and Academic Council, the approval of the Board of Trustees of the University of the Visayas and by the Authority of the Government of the Philippines, has this day been conferred the degree of


BACHELOR OF SCIENCE IN PSYCHOLOGY

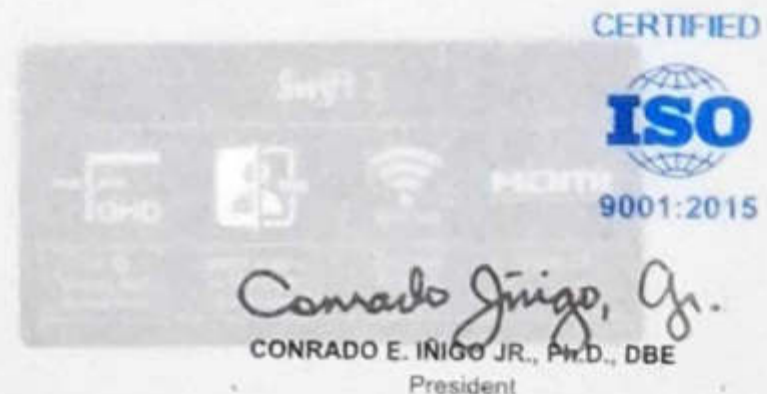
With all the rights and privileges as well as the obligations and responsibilities thereunto appertaining. In testimony whereof are hereunto affixed the Corporate Seal of the University and the Signatures of the President and the Dean of the College.

Given in Cebu City, Philippines this **17th** day of **May 2023**.

EXEMPTED FROM SPECIAL ORDER GRANTED ON REGULATED STATUS EFFECTIVE JUNE 01, 2019.




RAMIE L. BULAYBULAY JR., DALC
Dean





(Copy for OCR)

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, 5a, 5b and 11c.)		REMARKS/ANNOTATION
Province <u>Metro Manila</u> City/Municipality <u>Quezon City</u>		
1. NAME (First) (Middle) (Last) <u>GEORGINA JANE SUMINIG SINGSOR</u>		700-20-1100 3006429 1 2 101000 74042 1 01 2700 1 1 01 01 01 220 24 74042 1 1 2850 851 79 1 101800
2. SEX <u>X</u> 1 Male <u>X</u> 2 Female 3. DATE OF BIRTH (Day) (Month) (Year) <u>10 October 2000</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Bernardino Med. & Mt. Clinic Rockville Subd. Nova, Q.C.</u>		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>X</u> 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <u>X</u> 1 First <u>X</u> 2 Second <u>X</u> 3 Other, Specify		
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u> d. WEIGHT AT BIRTH <u>3.700</u> grams		
6. MARDEN NAME (First) (Middle) (Last) <u>JANET PASOUR SUMINIG</u>		
7. CITIZENSHIP <u>Phil.</u> 8. RELIGION <u>RC.</u>		
9a. Total number of children born alive: <u>1</u> b. No. of children still living including this birth: <u>1</u> c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>Housekeeper</u> 11. Age at the time of this birth: <u>24</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>MED. Bldg. 22 U-2211 Pilot Drive, Gray, Commonwealth</u>		
13. NAME (First) (Middle) (Last) <u>George J. Singsor</u>		
14. CITIZENSHIP <u>Phil.</u> 15. RELIGION <u>RC.</u>		
16. OCCUPATION <u>Seaman</u> 17. Age at the time of this birth: <u>26</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>July 26, 2000 Manila</u>		
19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>X</u> 3 Midwife <u>X</u> 4 Healer (Traditional Midwife) <u>X</u> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:54 AM</u> o'clock am/pm on the date stated above.		
Signature _____ Address <u>Same as above</u> Name in Print <u>Dr. Colina MD.</u> Title or Position <u>Physician</u> Date <u>10-10-2000</u>		
20. INFORMANT Signature _____ Address <u>Same as above</u> Name in Print <u>GEORGE B. SINGSOR</u> Relationship to the child <u>FATHER</u> Date <u>10-10-2000</u>		
21. PREPARED BY Signature _____ Name in Print <u>Martha Y. Gumara</u> Title or Position <u>RM.</u> Date <u>10-10-2000</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>PACITA P. ARANA</u> Title or Position <u>REGISTRATION OFFICER V</u> Date <u>10-10-2000</u>		

06677-45-400ADM-02328-BI001

BEST POSSIBLE IMAGE



T400066774000232804132018001
AM200530616

BRen
07404-000VA2P-5

Documentary
Stamp Tax Paid

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





MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121309032997
REGISTRATION TRACKING NUMBER	922280399990

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SINGSON	GEORGETTE JANE		SUMNIG	<input type="checkbox"/>
FATHER	SINGSON	GEORGE		DAND-DAS	<input type="checkbox"/>
MOTHER (Maiden Name)	SUMNIG	JANET		PASCUA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SINGSON	GEORGETTE JANE		SUMNIG	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
10/10/2000		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
QUEZON CITY, METRO MANILA (NCR)			FILIPINO		0044809940
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	157.00	45.00			For AFP/PAF Employee, Serial/Grade No.
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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
14	13	3		NEON	
Subdivision			Barangay		Business (Direct Line)
DECA HOMES SUBDIVISION			TUNGKIL		
Municipality/City			Province/State/Country		Business (Toll Free)
MINGLANILLA			CEBU, PHILIPPINES		
ZIP Code					Email Address
6046					georgeffajales@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No. / Floor		Building Name		Lot no.	Block no.
				14	13
House No.		Street Name		Phase No.	Barangay
		NEON		3	TUNGKIL
Municipality/City			Province/State/Country		ZIP Code
MINGLANILLA			CEBU, PHILIPPINES		6046
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **032516404727**
 Member Category : INFORMAL ECONOMY NHTS Coverage :
 Sub-Category : INFORMAL SECTOR Effectivity Period :

SINGSON, GEORGEITTE JANE SUMINIG
 BLOCK 13 LOT 14 PHASE 3 NEON STREET,
 TUNGKIL, MINGLANILLA, CEBU 6046

Foreign Address : N/A Sex : Female
 Date of Birth : 10/10/2000
 Place of Birth : QUEZON CITY
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A
 Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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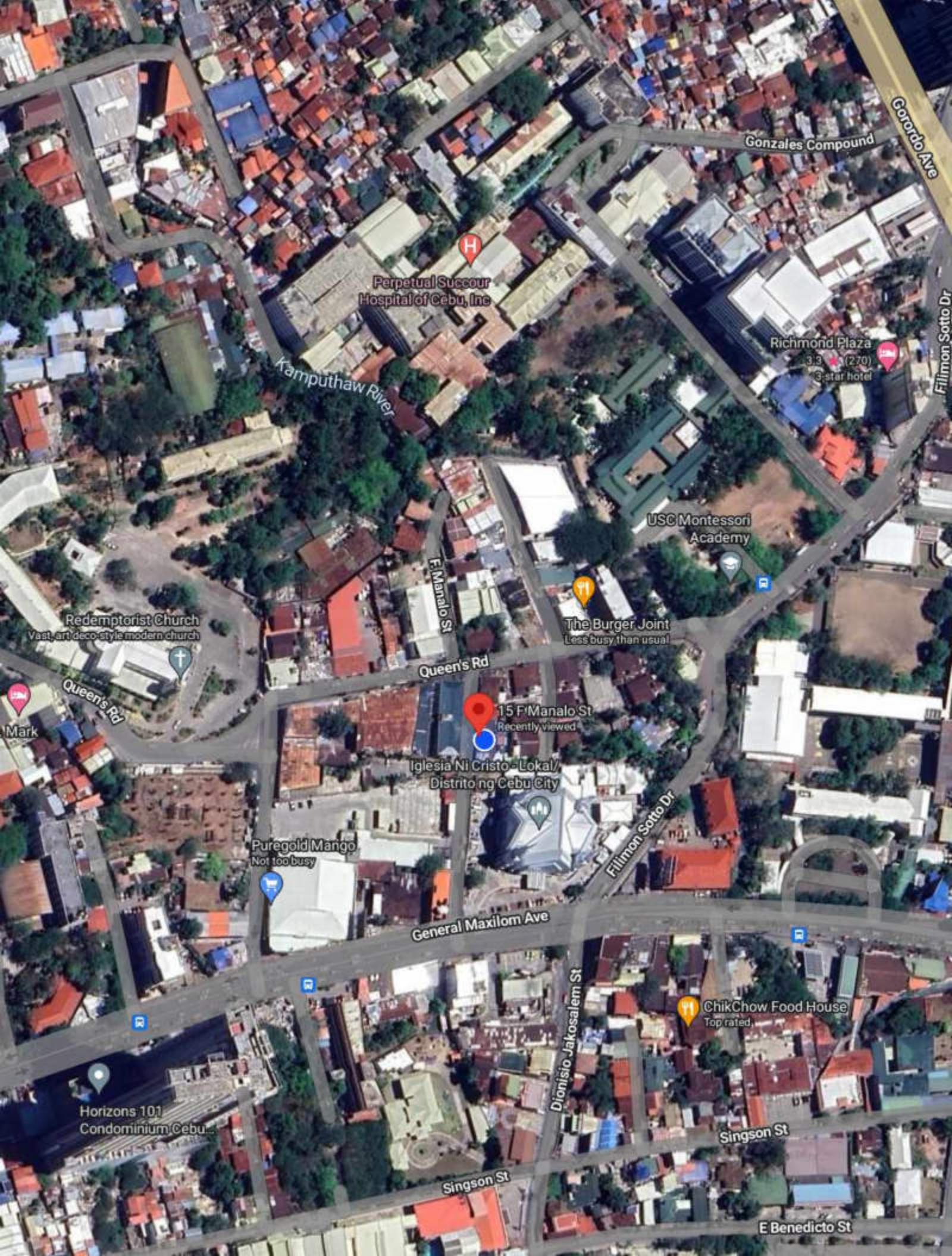
*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

EDWIN M. ORIÑA, MD
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o 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 the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.*

This is a system generated report. Signature is not required.
 2/17/2022 1:58:36 PM 20371303 20371303 / 2/17/2022



Garardo Ave

Gonzales Compound



Perpetual Succour
Hospital of Cebu, Inc

Richmond Plaza
3.9 (270)
3-star hotel

Kamputhaw River

USC Montessori
Academy

E Manalo St

The Burger Joint
Less busy than usual

Redemptorist Church
Vast, art deco-style modern church

Queen's Rd

15 F Manalo St
Recently viewed

Iglesia Ni Cristo - Lokal/
Distrito ng Cebu City

Queen's Rd

Puregold Mango
Not too busy

Filimon Sotto Dr

General Maxilom Ave

ChikChow Food House
Top rated

Horizons 101
Condominium Cebu...

Dionisio Jakosalem St

Singson St

Singson St

E Benedicto St



SINGSON, GEORGETTE JANE SUMINIG

SS Number: 06-4486964-9

i Your password will expire on Dec 14, 2024 | Your last login was on Oct 24, 2023 11:19:35 AM thru the SSS Website

[HOME](#)

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[BENEFITS](#)

[LOANS](#)

[SERVICES](#)

[PAYMENT REFERENCE NUMBER \(PRN\)](#)

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