



REPUBLIC OF THE PHILIPPINES
Unified Multi-Purpose ID



CRN - 0113-1020002-3



Lupo

SURNAME
LUPO

GIVEN NAME
ANGELIKA

MIDDLE NAME
VELARDE

SEX F DATE OF BIRTH 1999/03/05

ADDRESS
CANSAGA CONSOLACION CEBU
PHL 6001



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

LUPO, ANGELIKA VELARDE

TIN: 359-632-498-000

CANSAGA

CONSOLACION, CEBU

DATE OF BIRTH: MARCH 05, 1999

DATE OF ISSUE: NOVEMBER 12, 2020



Angela Lupo

SIGNATURE



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD
 FOR ISSUANCE OF SS NUMBER**

SS NUMBER
06-4314289-1

COV-01214 (09-2016)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
 PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

| | | | | | | | |
|---|---|---|---|---|--|---|--|
| NAME (LAST NAME) LUPD | | NAME (FIRST NAME) ANGELIKA | | NAME (MIDDLE NAME) VELARDE | | DATE OF BIRTH (MMDDYYYY) 05/05/1999 | |
| SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others | | | | | TAX IDENTIFICATION NUMBER (if any) | |
| NATIONALITY FILIPINO | RELIGION ROMAN CATHOLIC | | PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY | | | | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) N/A | | (HOUSE/LOT & BLK. NO.) N/A | | (STREET NAME) N/A | | (SUBDIVISION) N/A | |
| (BARANGAY/DISTRICT/LOCALITY) CANSAGA | | (CITY/MUNICIPALITY) CONSOLACION | | (PROVINCE) CEBU | | (COUNTRY) PHILIPPINES | |
| MOBILE/CELLPHONE NUMBER 09280690387 | | E-MAIL ADDRESS lupoangelika@gmail.com | | TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) 423-9123 | | | |
| FATHER (LAST NAME) LUPD | | FATHER (FIRST NAME) JESSER | | FATHER (MIDDLE NAME) MAGLASANG | | FATHER (SUFFIX) | |
| MOTHER'S MAIDEN NAME (LAST NAME) VELARDE | | MOTHER'S MAIDEN NAME (FIRST NAME) ANTONETTE | | MOTHER'S MAIDEN NAME (MIDDLE NAME) LORES | | MOTHER'S MAIDEN NAME (SUFFIX) Lupo | |

B. DEPENDENT(S)/BENEFICIARY/IES

| | | | | | | | | | |
|---|--|------------------------------------|--|-------------------------------------|--|--------------------------------|--|--------------------------|--|
| SPOUSE (LAST NAME) N/A | | SPOUSE (FIRST NAME) N/A | | SPOUSE (MIDDLE NAME) N/A | | SPOUSE (SUFFIX) | | DATE OF BIRTH (MMDDYYYY) | |
| CHILDREN (LAST NAME) | | CHILDREN (FIRST NAME) | | CHILDREN (MIDDLE NAME) | | CHILDREN (SUFFIX) | | DATE OF BIRTH (MMDDYYYY) | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME) | | OTHER BENEFICIARY/IES (FIRST NAME) | | OTHER BENEFICIARY/IES (MIDDLE NAME) | | OTHER BENEFICIARY/IES (SUFFIX) | | RELATIONSHIP | |
| 1. N/A | | N/A | | N/A | | | | N/A | |
| 2. N/A | | N/A | | N/A | | | | N/A | |

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

| | | | | | |
|--|--|---|--|---|--|
| SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ P _____ | | OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings _____ P _____ | | NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS _____ SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____ | |
|--|--|---|--|---|--|

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints



ANGELIKA V. LUPD
 PRINTED NAME

[Signature]
 SIGNATURE

JUN 21 2019
 DATE

PART II - TO BE FILLED OUT BY SSS

| | | | |
|--|--|---|--|
| BUSINESS CODE (FOR SE) | WORKING SPOUSE'S MSC (FOR NWS) P | RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) | RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) JUDIE ANN S. CENTILLAS MSS - S/M CITY CEBU SERVICE OFFICE |
| MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P | APPROVED MSC (FOR SE/OFW/NWS) P | SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ | SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ |
| START OF PAYMENT (FOR SE/NWS) | FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) | JUN 21 2019 |
| | | SIGNATURE OVER PRINTED NAME _____ | DATE & TIME _____ |



PAASCU ACCREDITED

University of San Jose - Recoletos

Office of the Registrar

Magallanes St., Cebu City 6000 Philippines

☎ (+6332) 253-7900 local 261-264

🌐 www.usjr.edu.ph

✉ registrar@usjr.edu.ph



AUTONOMOUS STATUS

June 14, 2019

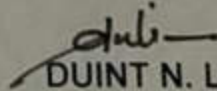
TO WHOM IT MAY CONCERN:

This is to CERTIFY that **MS. ANGELIKA V. LUPO** graduated from this University with the degree of **BACHELOR OF SCIENCE IN HOSPITALITY MANAGEMENT (B.S.H.M.)** on **March 30, 2019**.

This is to CERTIFY, FURTHER, that she is exempted from the requirement of Special Order (S.O.) having graduated from the University of San Jose-Recoletos, a PAASCU-accredited Private Higher Education Institution with **Full Autonomous Status** granted by the Commission on Higher Education (CHED) in accordance with Republic Act (RA) 7722 otherwise known as the Higher Education Act of 1994.

This is to CERTIFY, FURTHERMORE, that the exemption from S.O. requirement granted to accredited courses of study was mandated by Batas PambansaBlg. 232, otherwise known as the Education Act of 1982, as implemented by MECS Order No. 36, series of 1984.

This certification is issued upon request for **employment** purposes.


DUINT N. LIM
University Registrar

NOT VALID WITHOUT
SEAL

November 25, 2019

COE Request No. 00038

CERTIFICATE OF EMPLOYMENT

TO WHOM IT MAY CONCERN:

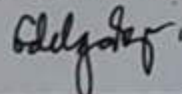
This is to certify that **Ms. Angelika Domicillo Lupo** was a project-based employee of Synchrony Global Services Philippines Inc., (formerly GEC RF Global Service Philippines Inc.) from **July 01, 2019 to October 31, 2019 as Representative, Customer Service.**

This certification is being issued to **Ms. Lupo** for employment purposes only.

Very truly yours,

Synchrony Global Services Philippines, Inc.

By:



Genelito L. Delgado Jr.
Manager, Human Resources

Disclaimer: Should you need to authenticate and verify this certificate of employment and any information contained herein, please send a formal request to marygrace.nepomuceno@syf.com. **Please attach a scanned copy of this certificate.**

The information above is provided by Synchrony Global Services Philippines Inc. subject to its confidentiality and privacy policies. Please note that the Company's policies DO NOT allow verification conducted through telephone or similar informal or unsecure methods of verification, pursuant to its confidentiality and privacy policies.



CERTIFICATE OF EMPLOYMENT

This is to certify that **MS. ANGELIKA LUPO** was an employee of Results Manila, Inc. from **September 23, 2020** to **January 17, 2022** and held the position of **Results Associate**.

This certification is being issued upon the request of **MS. LUPO** for whatever legal purpose it may serve.

Issued this **27th** day of **January 2023** at Cebu City, Philippines.

Results Manila, Inc.,



Renan O. Elfante

Director, Human Resources

CERTIFICATE OF EMPLOYMENT

This is to certify that the individual whose name and details appear below was employed with **Integrated Call Center Solutions Philippines, Inc. (ICCSPI)**, a company of Continuum Global Solutions.

| | | |
|------------------|---|------------------------------------|
| Employee name | : | LUPO, ANGELIKA |
| Position | : | Associate IV, Customer Care |
| Department | : | Operations |
| Employment dates | : | |
| Start | : | 1/24/2022 |
| End | : | 1/27/2023 |

This is to further certify that employee exit clearance validation is consequently in progress, and the Certificate of Clearance shall be issued upon completion of Final Pay processing.

Given this **6th March 2023** at Cebu City, Philippines.



Richel Reyes
HR Supervisor

Human Resources – Cebu
Integrated Call Center Solutions (Phils.) Inc.



BIR Form No.

2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

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) <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/></p> <p>Part I - Employee Information</p> <p>3 TIN <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="9"/> - <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="2"/> - <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> -</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="LUPO, ANGELIKA VELARDE"/> 5 RDO Code <input type="text" value="041"/></p> <p>6 Registered Address <input type="text" value="082 Cansaga Consolacion Cebu"/> 6A ZIP Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C ZIP Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text"/></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>Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="8"/> - <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="3"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="Integrated Call Center Solutions (Philippines), Inc"/></p> <p>14 Registered Address <input type="text" value="183 EDSA corner Ortigas Ave., Wack Wack, Greenhills, City of Mandaluyong"/> 14A ZIP Code <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A ZIP Code <input type="text"/></p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <input type="text" value="272,578.95"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <input type="text" value="63,382.72"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <input type="text" value="209,196.23"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="209,196.23"/></p> <p>24 Tax Due <input type="text" value="0.00"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="0.00"/></p> <p>25B Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p> <p>27 5% Tax Credit (PERA Act of 2008) <input type="text" value="0.00"/></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <input type="text" value="0.00"/></p> | <p>2 For the Period From (MM/DD) <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="4"/> To (MM/DD) <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="1"/></p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr> <td>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>30 Holiday Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>31 Overtime Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>32 Night Shift Differential (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>33 Hazard Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>34 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right;">28,353.41</td> </tr> <tr> <td>35 De Minimis Benefits</td> <td style="text-align: right;">8,543.10</td> </tr> <tr> <td>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">16,575.37</td> </tr> <tr> <td>37 Salaries and Other Forms of Compensation</td> <td style="text-align: right;">9,910.84</td> </tr> <tr> <td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td> <td style="text-align: right;">63,382.72</td> </tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>39 Basic Salary</td> <td style="text-align: right;">173,855.95</td> </tr> <tr> <td>40 Representation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>41 Transportation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>42 Cost of Living Allowance (COLA)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>43 Fixed Housing Allowance</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>44 Others (specify)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>44A <input type="text"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>44B <input type="text"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2">SUPPLEMENTARY</td> </tr> <tr> <td>45 Commission</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>46 Profit Sharing</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>47 Fees Including Director's Fees</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>48 Taxable 13th Month Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>49 Hazard Pay</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>50 Overtime Pay</td> <td style="text-align: right;">18,310.63</td> </tr> <tr> <td>51 Others (specify)</td> <td style="text-align: right;">17,029.65</td> </tr> <tr> <td>51A <input type="text"/></td> <td style="text-align: right;">17,029.65</td> </tr> <tr> <td>51B <input type="text"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</td> <td style="text-align: right;">209,196.23</td> </tr> </tbody> </table> | Amount | Amount | 29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) | 0.00 | 30 Holiday Pay (MWE) | 0.00 | 31 Overtime Pay (MWE) | 0.00 | 32 Night Shift Differential (MWE) | 0.00 | 33 Hazard Pay (MWE) | 0.00 | 34 13th Month Pay and Other Benefits (maximum of P90,000) | 28,353.41 | 35 De Minimis Benefits | 8,543.10 | 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 16,575.37 | 37 Salaries and Other Forms of Compensation | 9,910.84 | 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 63,382.72 | 39 Basic Salary | 173,855.95 | 40 Representation | 0.00 | 41 Transportation | 0.00 | 42 Cost of Living Allowance (COLA) | 0.00 | 43 Fixed Housing Allowance | 0.00 | 44 Others (specify) | 0.00 | 44A <input type="text"/> | 0.00 | 44B <input type="text"/> | 0.00 | SUPPLEMENTARY | | 45 Commission | 0.00 | 46 Profit Sharing | 0.00 | 47 Fees Including Director's Fees | 0.00 | 48 Taxable 13th Month Benefits | 0.00 | 49 Hazard Pay | 0.00 | 50 Overtime Pay | 18,310.63 | 51 Others (specify) | 17,029.65 | 51A <input type="text"/> | 17,029.65 | 51B <input type="text"/> | 0.00 | 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) | 209,196.23 |
|--|---|--------|--------|---|------|-----------------------------|------|------------------------------|------|--|------|----------------------------|------|--|-----------|-------------------------------|----------|---|-----------|--|----------|--|-----------|------------------------|------------|--------------------------|------|--------------------------|------|---|------|-----------------------------------|------|----------------------------|------|---------------------------------|------|---------------------------------|------|----------------------|--|----------------------|------|--------------------------|------|--|------|---------------------------------------|------|----------------------|------|------------------------|-----------|----------------------------|-----------|---------------------------------|-----------|---------------------------------|------|--|------------|
| Amount | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 Holiday Pay (MWE) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 Overtime Pay (MWE) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 Night Shift Differential (MWE) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 Hazard Pay (MWE) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 13th Month Pay and Other Benefits (maximum of P90,000) | 28,353.41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 De Minimis Benefits | 8,543.10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 16,575.37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Salaries and Other Forms of Compensation | 9,910.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 63,382.72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 Basic Salary | 173,855.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Representation | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 Transportation | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 Cost of Living Allowance (COLA) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 Fixed Housing Allowance | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 Others (specify) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44A <input type="text"/> | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44B <input type="text"/> | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLEMENTARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 Commission | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 Profit Sharing | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 Fees Including Director's Fees | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 Taxable 13th Month Benefits | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 Hazard Pay | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 Overtime Pay | 18,310.63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 Others (specify) | 17,029.65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51A <input type="text"/> | 17,029.65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51B <input type="text"/> | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) | 209,196.23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 Ubias, Bency Clarck Johnson
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:
54 LUPO, ANGELIKA VELARDE
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee Place of Issue

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 has been filed with the Bureau of Internal Revenue.

55 Ubias, Bency Clarck Johnson
Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), 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.

56 LUPO, ANGELIKA VELARDE
Employee Signature over Printed Name