



2316 January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld



Fill in applicable boxes. Mark all appropriate boxes with an "X". For Compensation Payment Only or Withheld Tax Only

1 For the Year (YYYY) 2 0 2 3 2 For the Period From (MM/YY) To (MM/YY) 0 1 0 1 0 2 0 7

Part I - Employee Information
3 TIN 7 4 7 - 6 9 3 - 2 9 5 - 0 0 0 0
4 Employee's Name Romero, Mary Camille, Bacquial
5 SSO Code
6 Registered Address
6A ZIP Code
6B Local Home Address
6C ZIP Code
6D Foreign Address
7 Date of Birth 1 0 2 5 1 9 9 9
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 II - Employer Information (Present)
12 TIN 2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0
13 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.
14 Registered Address
14A ZIP Code 1 2 2 6
15 Type of Employer X Main Employer Secondary Employer

Part III - Employer Information (Previous)
16 TIN
17 Employer's Name
18 Registered Address GF 14th to 25th Flr 6798 Ayal
18A ZIP Code

Part IVA - Summary
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 37) 45,798.09
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 15,787.92
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 30) 30,010.17
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 30,010.17
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

Part V - Details of Compensation Income & Tax Withheld from Present Employer
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
27 Basic Salary (including the exempt P750.00/benefit or the Statutory Minimum Wage of the MWE)
28 Holiday Pay (MWE)
29 Overtime Pay (MWE)
30 Night Shift Differential (MWE)
31 Hazard Pay (MWE)
32 13th Month Pay and Other Benefits (Maximum of P60,000) 10,157.33
33 De Minimis Benefits 2,850.57
34 SSS, GSIS, PRIC & PAG-IBIG Contributions and Union Dues (Employee share only) 2,780.02
35 Salaries and Other Forms of Compensation 0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 15,787.92
B. TAXABLE COMPENSATION INCOME REGULAR
37 Basic Salary 22,883.73
38 Representation
39 Transportation
40 Cost of Living Allowance (COLA)
41 Fixed Housing Allowance
42 Others (Specify)
42A
42B
SUPPLEMENTARY
43 Commission
44 Profit Sharing
45 Fees including Director's Fees
46 Taxable 13th Month Benefits 0.00
47 Hazard Pay
48 Overtime Pay
49 Others (Specify)
49A OTHER TAXABLE INCOME 7,126.44
49B
50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 30,010.17

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 that 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.

51 EDENREY RAMOS Present Employer/Authorized Agent Signature over Printed Name
52 Romero Mary Camille Bacquial Employee Signature over Printed Name

CTC/Valid ID No. of Employee Place of Issue Date Signed Date Issued Amount Paid, if CTC

(Copy for GORC)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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, 4a, 5a, and 10a.)

Province <u>SURIGAO DEL NORTE</u>		Registry No. <u>99 - 596</u>	REMARKS/ANNOTATION	
City/Municipality <u>CLAYON</u>				
1. NAME (First) (Middle) (Last) <u>MARY CAMILLE BAOQUIAL ROMERO</u>		For DCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9900896</u> 42 <u>1</u> 43 <u>1</u> 44 <u>1</u> 45 <u>1</u> 46 <u>1</u> 47 <u>1</u> 48 <u>1</u> 49 <u>1</u> 50 <u>1</u> 51 <u>1</u> 52 <u>1</u> 53 <u>1</u> 54 <u>1</u> 55 <u>1</u> 56 <u>1</u> 57 <u>1</u> 58 <u>1</u> 59 <u>1</u> 60 <u>1</u> 61 <u>1</u> 62 <u>1</u> 63 <u>1</u> 64 <u>1</u> 65 <u>1</u> 66 <u>1</u> 67 <u>1</u> 68 <u>1</u> 69 <u>1</u> 70 <u>1</u> 71 <u>1</u> 72 <u>1</u> 73 <u>1</u> 74 <u>1</u> 75 <u>1</u> 76 <u>1</u> 77 <u>1</u> 78 <u>1</u> 79 <u>1</u> 80 <u>1</u> 81 <u>1</u> 82 <u>1</u> 83 <u>1</u> 84 <u>1</u> 85 <u>1</u> 86 <u>1</u> 87 <u>1</u> 88 <u>1</u> 89 <u>1</u> 90 <u>1</u> 91 <u>1</u> 92 <u>1</u> 93 <u>1</u> 94 <u>1</u> 95 <u>1</u> 96 <u>1</u> 97 <u>1</u> 98 <u>1</u> 99 <u>1</u> 100 <u>1</u>		
2. SEX <u>1</u> Male <u>X</u> 2 Female				3. DATE OF BIRTH (day) (month) (year) <u>25 October 1999</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>At home - Ladgaron, Clayon, Surigao del Norte</u>				
5a. TYPE OF BIRTH <u>X</u> 1 Single 2 Twin 3 Triplet, etc.				b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First 2 Second 3 Others, Specify _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)				d. WEIGHT AT BIRTH <u>2948</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>CAROLINA BAGOOL BAOQUIAL</u>				
7. CITIZENSHIP <u>Filipino</u>				8. RELIGION <u>Roman Catholic</u>
9a. Total number of children born <u>1</u> alive				b. No. of children still living including <u>1</u> this birth
10. OCCUPATION <u>Housekeeper</u>			11. Age at the time of this birth: <u>27</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Ladgaron, Clayon, Surigao del Norte</u>				
13. NAME (First) (Middle) (Last) <u>MARIO GALAGALA ROMERO</u>				
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>		
16. OCCUPATION <u>Farmer N.E.C</u>		17. Age at the time of this birth: <u>36</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>18 June 1998 - Saint Peter, Clayon Parish</u>				
19a. ATTENDANT <u>Claver, Surigao del Norte</u> <u>1</u> Physician <u>2</u> Nurse <u>X</u> 3 Midwife <u>4</u> Hilos (Traditional Midwife) <u>5</u> Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above.				
Signature _____ Name in Print <u>LORNA G. PAGLINAWAN</u> Title or Position <u>RHM</u>		Address <u>Ladgaron, Clayon, Surigao del Norte</u> Date <u>25 October 1999</u>		
20. INFORMANT Signature _____ Name in Print <u>LORNA G. PAGLINAWAN</u> Relationship to the child <u>RHM</u>		Address <u>Ladgaron, Clayon, Surigao del Norte</u> Date <u>3 November 1999</u>		
21. PREPARED BY Signature _____ Name in Print <u>MAOMI N. OSIO</u> Title or Position <u>MCR - CLERK</u> Date <u>3 November 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ROSMARIE D. PAQUEO</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>3 November 1999</u>		



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BEST POSSIBLE IMAGE

T002088124000151302162024001

CDsm
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





Concentrix CVG Philippines, Inc.
Ground Floor to 4th Floor, Building F, UP Ayala Technohub
Commonwealth Avenue, Diliman
Quezon City 1101
84238700 loc. 351092
hr.autoresponse@concentrix.com

CERTIFICATE OF EMPLOYMENT

This is to certify that Ms. MARY CAMILLE BACQUIAL ROMERO was an employee of Concentrix CVG Philippines, Inc.. Ms. ROMERO was employed as Advisor I, Sales under Operations from August 30, 2022 up to February 08, 2023.

Ms. ROMERO is cleared from any accountability from the company.

This certification is being issued upon the request of Ms. ROMERO for whatever legal purpose it may serve

Should you have a clarification on the foregoing, you may contact 84238700 loc 351092.

Issued on February 23, 2023.

Search along the route

Best 24 min 23 min 2 hr 39

One Montage, 2nd Floor, Unit 01-03 Archbishop Reyes Ave, Cebu City, 6000

Jose Rizal St, Talisay, Cebu

Leave now Options

Send directions to your phone Copy link

Route	Time	Distance
via Cebu South Coastal Rd	24 min	13.3 km
via Natalio B. Bacalso Ave and Cebu South Coastal Rd	28 min	13.4 km
via Natalio B. Bacalso Ave, F...	30 min	13.5 km

Map data ©2024 Philippines Terms Privacy Send Product Feedback 2 km

A 416958

SOUTHWESTERN UNIVERSITY

Villa Aznar, Urgello St., 6000 Cebu City, Philippines
 Tel. No. (63) (32) 415-5555, Local 115; Tel/Fax No. (63) (32) 256-2043
 Website: www.swu.edu.ph Email: registrar@swu.edu.ph

ACCREDITED: Charter Member Philippine Accrediting Association of Schools, Colleges, and Universities (PAASCU)



FOUNDED 1946

OFFICIAL TRANSCRIPT OF RECORDS

SURNAME ROMERO	FIRSTNAME MARY CAMILLE	MIDDLE NAME BACQUIAL	STUDENT NUMBER 18-3820-119
CITIZENSHIP FILIPINO	SEX FEMALE	CIVIL STATUS SINGLE	RELIGION ROMAN CATHOLIC
DATE OF BIRTH 10/25/1999	PLACE OF BIRTH CLAVER, SURIGAO DEL NORTE		
PARENT / GUARDIAN MR./MRS. MARIO ROMERO			
PERMANENT ADDRESS CLAVER, SURIGAO DEL NORTE			
ENTRANCE DATA FORM 138-A	APPLICABLE FOR FOREIGN STUDENT ONLY ACR NO. _____ DATE SUBMITTED _____		

PRELIMINARY EDUCATION

ELEMENTARY : **LADGARON ELEMENTARY SCHOOL** YEAR : **2012**
 HIGH SCHOOL : **SISTERS OF MARY SCHOOL-GIRLSTOWN, INC.** YEAR : **2016**
 COLLEGE : **SOUTHWESTERN UNIVERSITY** YEAR : **2022**



RATING	LETTER	EQUIVALENT	QUALITY
1.0	A+	100%	} EXCELLENT
1.1 - 1.3	A	99-97%	
1.4 - 1.6	A-	96-94%	} VERY GOOD
1.7 - 1.9	B+	93-91%	
2.0 - 2.2	B	90-88%	} GOOD
2.3 - 2.5	B-	87-85%	
2.6 - 2.8	C+	84-79%	} FAIR
2.9 - 3.0	C	78-75%	
5.0	F	BELOW 75%	FAILURE
INC, INE, INR, INT=INCOMPLETE	W=WITHDRAWN	DR=DROPPED	NA=NO ATTENDANCE
INP=IN PROGRESS			

SEMESTER HOURS CREDIT

One unit of credit is one hour lecture or recitation each week for a total of 18 hours in a semester. Three hours of laboratory work, each week or a total of 54 hours a semester are regarded as equivalent to one unit of credit.
 The semestral average grade of student is computed by multiplying the number of units assigned to a course by the grade earned and the product is divided by the total units earned for the semester.
 The student is in GOOD STANDING unless otherwise indicated in the transcript.
 The medium of instruction at all levels of education is ENGLISH.

APPLICATION FOR BOARD EXAMINATION

PREPARED BY:

Nelvin S. Balano, LPT
 CHECKED BY:

Elvie C. Amar, MBA

JOAN A. UNABIA, MBA
 Assistant Registrar
ANGELITA P. CANENE, DPA
 University Registrar