



(Copy for OCRG)

Mandatory Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION
LATE REGISTRATION

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 19a.)

Province BILIRAN Registry No. 2001-739
City/Municipality NAVAL

1. NAME (First) MARIONETTE OYLES (Middle) (Last) NARRIDO
2. SEX Female 3. DATE OF BIRTH (day) (month) (year) 06 OCTOBER 1996

For OCRG USE ONLY:
Population Reference No.

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
SAN PABLO NAVAL BILIRAN

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

5a. TYPE OF BIRTH Single b. IF MULTIPLE BIRTH, CHILD WAS 1st
c. BIRTH ORDER (live births and fetal deaths including this delivery) (1st, second, third, etc.) 1st d. WEIGHT AT BIRTH 2995 grams

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6. MAIDEN NAME (First) MERCEDITA (Middle) (Last) NARRIDO

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7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

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9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 00

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10. OCCUPATION HOUSEKEEPER 11. Age at the time of this birth: 26 years

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12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SAN PABLO NAVAL BILIRAN

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13. NAME (First) MARIO (Middle) (Last) BACO

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14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

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16. OCCUPATION LABORER 17. Age at the time of this birth: 29 years

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18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
"NOT MARRIED"

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19a. ATTENDANT 2 Nurse 3 Midwife
2 Midwife (Traditional Midwife) 5 Others (Specify)

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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 Felicidad Gudmalin Address FIGA-A SAN PABLO NAVAL BILIRAN
Name in Print FELICIDAD GUDMALIN
Title or Position TRADITIONAL MIDWIFE Date 04 JUNE 2005

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20. INFORMANT
Signature Felicidad Gudmalin Address
Name in Print FELICIDAD GUDMALIN
Relationship to the child TRADITIONAL MIDWIFE Date

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21. PREPARED BY
Signature Joyelyn E. Luyidica
Name in Print JOYELYN E. LUYIDICA
Title or Position ICR STAFF
Date 04 JUNE 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print MAR. NOEL P. CABALAN
Title or Position CIVIL REGISTRAR
Date JUN 18 2005

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REMARKS: LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON JUNE 01, 2006 AT NAVAL, BILIRAN. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: MARIONETTE OYLES NARRIDO BACO

APPROPRIATELY ARCHIVED

CERTIFIED CORRECT.

03481-8F-402CMP-00338-BI004

BReN 07808-A96V604-9

Carmelita N. ERICTA
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office



T402034814020033807132009004

For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, MARIO BACO and _____ parent/s of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

MARIO BACO
(Signature of Father)

(Signature of Mother)

Community Tax No. 09250260

Community Tax No. _____

Date Issued January 9, 2001

Date Issued _____

Place Issued Naval, Biliran

Place Issued _____

SUBSCRIBED AND SWORN to before me this 4th day of JUNE, 2001 at NAVAL, BILIRAN, Philippines.

[Signature]
(Signature of Administering Officer)

(Title/Designation)

ENGR. NOEL P. CABILIN
(Name in Print)

NAVAL, BILIRAN
(Address)

Not applicable for births before 27 February 1921

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, FELICIDAD GUDMALIN, of legal age, single/married and with residence and postal address at RIGA A SAN PABLO, NAVAL, BILIRAN after having been duly sworn to in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of my birth/of the birth of _____
- That I/he/she was born on OCTOBER 6, 1996 at SAN PABLO, NAVAL, BILIRAN
- That I/he/she was attended at birth by FELICIDAD GUDMALIN who resides at RIGA A SAN PABLO, NAVAL, BILIRAN
- That I/he/she is a citizen of PHILIPPINES
- That my/his/her parents were married on _____ at _____ not married but was acknowledge by my/his/her father whose name is MARIO BACO
- That the reason for the delay in registering my/his/her birth was due to NEGLECTANCE
- That a copy of my/his/her birth certificate is needed for the purpose of INCLUSION TO THE REGISTER OF BIRTH
- (For the applicant only) That I am married to _____ of the said person. (For the father/mother/guardian) That I am the _____ of the said person.

Felicidad Gudmalin
(Signature of _____)

Community Tax No. 09249607

Date Issued JANUARY 2, 2001

Place Issued Naval, Biliran

SUBSCRIBED AND SWORN to before me this 4th day of JUNE, 2001 at NAVAL, BILIRAN, Philippines.

[Signature]
(Signature of Administering Officer)

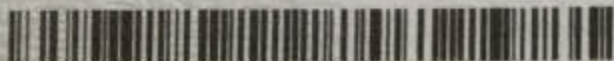
(Title/Designation)

ENGR. NOEL P. CABILIN
(Name in Print)

NAVAL, BILIRAN
(Address)

03481-8F-402CMP-00338-BI004

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HF600085297

BReN
07808-A96V604-9

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office





Mandatory Form No. 102
Revised January 2007

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(... to be accomplished in quadruplicate using black ink)

Province BILIRAN		Registry No. 2015-943	
City/Municipality NAVAL			
1. NAME (First) JHIAN TRENCE		(Middle) BACO	
		(Last) MERIDOR	
2. SEX (Male/Female) MALE		3. DATE OF BIRTH (Day) 10 (Month) APRIL (Year) 2015	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) BILIRAN PROVINCIAL HOSPITAL CASTIN		(City/Municipality) NAVAL (Province) BILIRAN	
5a. TYPE OF BIRTH (Single/Twin/Triples, etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	
		5c. BIRTH ORDER (Order of the birth of previous live births including lost death) (First, Second, Third, etc.) FIRST	
		6. WEIGHT AT BIRTH 3250 grams	
7. MAIDEN NAME (First) MARIONETTE GYLES		(Middle) NARRIDO	
		(Last) BACO	
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
10a. Total number of children born alive 01		10b. No. of children still living including this birth 01	
10c. No. of children born alive but are now dead 00		11. OCCUPATION NONE	
12. AGE at the time of the birth (completed years) 18			
13. RESIDENCE (House No., St., Barangay) BRGY. SAN PABLO		(City/Municipality) NAVAL (Province) BILIRAN (Country) PHILIPPINES	
14. NAME (First) JAY-JAY		(Middle) AMPARADO	
		(Last) MERIDOR	
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
		17. OCCUPATION NONE	
		18. AGE at the time of the birth (completed years) 23	
19. RESIDENCE (House No., St., Barangay) BRGY. SAN PABLO		(City/Municipality) NAVAL (Province) BILIRAN (Country) PHILIPPINES	
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)			
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City/Municipality) (Province) (Country) NOT APPLICABLE	
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilat (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant-Hilat, etc.) I hereby certify that I attended the birth of the child who was born alive at 09:52 AM am/pm on the date of birth specified above			
Signature _____ Name in Print MELIZA A. VILLANUEVA, M.D. Title or Position MEDICAL SPECIALIST - II		Address BILIRAN PROVINCIAL HOSPITAL CASTIN ST NAVAL, BILIRAN Date APRIL 10, 2015	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature _____ Name in Print JAY-JAY A. MERIDOR Relationship to the Child FATHER Address BRGY. SAN PABLO, NAVAL, BILIRAN Date APRIL 10, 2015		Signature _____ Name in Print DULCE VERANO-ESPADILLA Title or Position MEDICAL RECORDS IN-CHARGE Date APRIL 10, 2015	
24. RECEIVED BY		25. REGISTERED BY THE CIVIL REGISTRAR	
Signature _____ Name in Print JENIFFER PEDROSA CORSO Title or Position ADM. AIDE II (BOOKBINDER I) Date MAY 4, 2015		Signature _____ Name in Print ENGR. NOEL P. CABILIN Title or Position MGDH-I (MUN. CIVIL REGISTRAR) Date MAY 4, 2015	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8 9 11 13 15 16 17 19			

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07808-B15GA03-0

Documentary
Stamp Tax Paid

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



Municipal Form No. 102
Revised August 2016

(To be accomplished in quadruplicate using black ink)

 Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province		BILIRAN		Registry No.		2018-668			
City/Municipality		CABUCGAYAN							
CHILD	1. NAME (First) (Middle) (Last)		CERSIE MARIONNE NARRIDO BACO						
	2. SEX (Male / Female)	3. DATE OF BIRTH (Day) (Month) (Year)	FEMALE 18 DECEMBER 2018						
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay)	(City/Municipality)	(Province)	RURAL HEALTH UNIT CABUCGAYAN BILIRAN					
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (order of birth or previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH	SINGLE NOT APPLICABLE SECOND 3000 grams				
MOTHER	7. MAIDEN NAME (First) (Middle) (Last)		MARIONETTE GYLES NARRIDO BACO						
	8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT	FILIPINO ROMAN CATHOLIC						
	10a. Total number of children born alive	10b. No. of children still living including the birth	10c. No. of children born alive but are now dead	11. OCCUPATION	12. AGE of the first of this birth (completed years)	2 2 0 NONE 22			
	13. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)	BRGY. SAN PABLO, NAVAL BILIRAN PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last)		UNKNOWN						
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)	NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE N/A				
	19. RESIDENCE (House No., St., Barangay)		(City/Municipality)	(Province)	(Country)	NOT APPLICABLE			
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)								
20a. DATE (Month) (Day) (Year)		20b. PLACE (City / Municipality) (Province) (Country)		NOT MARRIED NOT APPLICABLE					
21a. ATTENDANT									
1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Birth Attendant) 5 Others (Specify)									
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.) I hereby certify that I attended the birth of the child who was born alive at 03:47 PM on the date of birth specified above.									
Signature		Address		RURAL HEALTH UNIT, CABUCGAYAN, BILIRAN					
Name in Print		Date		MADE R. TICAY DECEMBER 19, 2018					
Title or Position				MIDWIFE II					
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.				23. PREPARED BY					
Signature		Signature		MARIONETTE GYLES N. BACO JESUS A. ARABIANA					
Name in Print		Name in Print		MOTHER COMPUTER OPERATOR					
Relationship to the Child		Title or Position		DECEMBER 19, 2018					
Address		Date		BRGY. SAN PABLO, NAVAL, BILIRAN					
Date				DECEMBER 19, 2018					
24. RECEIVED BY				25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR					
Signature		Signature		ROSADE R. GANIG SONIA L. MUCHAMEL					
Name in Print		Name in Print		REGISTRATION OFFICER MUNICIPAL CIVIL REGISTRAR					
Title or Position		Title or Position		DECEMBER 27, 2018					
Date		Date		DECEMBER 27, 2018					
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)									
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR									
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Documentary
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



Concentrix CVG Philippines, Inc.

6798 Ayala North Exchange Tower 2,
Ayala Ave. cor Amorsolo Salcedo St. Brgy. San
Lorenzo
Makati City 1200, Philippines
84238700 loc 351092
hr.autoresponse@concentrix.com

CERTIFICATE OF EMPLOYMENT

This is to certify that Ms. MARIONETTE GYLES NARRIDO BACO was an employee of Concentrix CVG Philippines, Inc. Ms. BACO was employed as Advisor I, Customer Service under Operations from October 17, 2023 up to April 16, 2024.

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

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

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

Issued on May 02, 2024.

This document is a system generated printout and does not require a signature



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CONCENTRIX CORPORATION



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD

34-9664194-4

Basic Information	
Name of Applicant:	BACO, MARIONETTE GYLES NARRIDO
Date of Birth:	10/06/1996 (mm/dd/yyyy)
Sex:	FEMALE
Marital Status:	SINGLE
Nationality:	FILIPINO
Religion:	CHRISTIAN
Place of Birth:	NAVAL (CAPITAL) BILIRAN PHILIPPINES
Home Address:	SAN PABLO NAVAL (CAPITAL) BILIRAN 6543
Telephone No:	
Mobile No:	(0920) 738-0681
Email Address:	sweetness06@gmail.com
Name of Father:	BACO, MARIO PURI
Name of Mother:	NARRIDO, MERCEDITA DAPROSA
Beneficiary(ies)	
Child:	MERIDOR, JHIAN TRENCE BACO 04/10/2015
	BACO, CERSIE MARIONNE NARRIDO 12/18/2018
Purpose of Application	
Purpose:	FOR EMPLOYMENT
Applicant's Certification	
<p><i>Marionette</i> <u>MARIONETTE GYLES N. BACO</u> Signature Over Printed Name</p> <p><u>November 5, 2020</u> Date</p>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">  LEFT THUMB MARK </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">  RIGHT THUMB MARK </div> </div>
TO BE FILLED OUT BY SSS	
<p>EVALUATED BY: <i>[Signature]</i> <u>Signature Over Printed Name</u></p>	<p><u>05 NOV 2020</u> Date</p> <p><u>3:05 pm</u> Time</p> <p><u>Biliran S.O.</u> Branch</p>



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **130252946080** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - EMPLOYED PRIVATE NHTS Coverage : N/A
 Validity Period : N/A
 N/A : N/A

BACO, MARIONETTE GYLES NARRIDO
 SAN PABLO, NAVAL, BILIRAN - 6543

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 10/06/1996
 Place of Birth : ALMERIA, BILIRAN
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : /09128661018 Tax Identification Number :

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN) : 230474000900
 Name of Employer/Organized Group : CONCENTRIX CVG PHILIPPINES INC(CONVERGYS PHILIPPINES INC)
 Business Address : 6798 AYALA NORTH EXCHANGE TOWER 2 AYALA AVE COR AMORSOLO SAN LORENZO, MAKATI CITY FOURTH DIST
 Telephone Number : 91655670 Employment Status : EMPLOYED
 Tax Identification Number : 205366921000 Date : 11/01/2023

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
132529715831	MERIDOR	JHIAN TRENCE	BACO	Male	Son	04/10/2015
132532547877	BACO	CERSIE MARIONNE	NARRIDO	Female	Daughter	12/18/2018

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 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.)



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

BACO, MARIONETTE GYLES NARRIDO

TIN: **710-589-630-000**

San Pablo, Naval, Biliran

BIRTH DATE: 10/06/1996

ISSUE DATE: 10/25/2017



Marionette

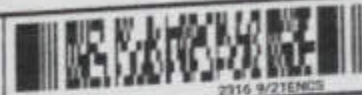
SIGNATURE

* 006485339 *

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



BIR Form No. **2316**
September 2021 (ENCS)
Fill in all applicable spaces.

2316 9/21ENC3

1 For the Year (YYYY) **2024** 2 For the Period FROM (MM/DD) **01/01** TO (MM/DD) **04/15**

Part I - Employee Information

3 TIN **7105896300000**

4 Employee's Name (Last Name, First Name, Middle Name)
Baco, Marionette Gyles, Narrido

5 RUC Code **000**

6 Registered Address
6A ZIP Code
Purok 3, Upper Kamputhaw, Lahug 6000

7 Local Home Address
7C ZIP Code

8 Foreign Address

9 Date of Birth (MM/DD/YYYY) **10061996** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Factor (MWF) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **2053669210000**

13 Employer's Name
CONCENTRIX CVG PHILIPPINES, INC.

14 Registered Address
14A ZIP Code
GF 14th to 25th Flr 6798 Ayala 1226

15 Type of Employer Main Employer Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address
18A ZIP Code
GF 14th to 25th Flr 6798 Ayala 1226

Part III - Employer Information (Previous)

19 Employer's Name

20 Registered Address

20A ZIP Code

Part IV-A - Summary

21 Gross Compensation Income from Present Employer (Sum of Items 29 and 30)	
22 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of Items 29 and 30)	
23 Taxable Compensation Income from Present Employer (Sum of Items 21 and 22)	74,027.87
24 Add: Taxable Compensation Income from Previous Employer, if applicable	
25 Gross Taxable Compensation Income (Sum of Items 23 and 24)	28,694.57
26 Tax Due	45,333.30
27 Amount of Taxes Withheld 27A Present Employer	0.00
27B Previous Employer, if applicable	45,333.30
28 Total Amount of Taxes Withheld as adjusted (Sum of Items 27A and 27B)	0.00
29 5% Tax Credit (PRA Act of 2009)	0.00
30 Total Taxes Withheld (Sum of Items 28 and 29)	0.00
	0.00
	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	AMOUNT
29 Basic Salary (including the exempt P250.00 below of 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 P48,000)	
35 De Minimis Benefits	18,837.55
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	4,229.89
37 Salaries and Other Forms of Compensation	5,627.13
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	0.00
TAXABLE COMPENSATION INCOME REGULAR	28,694.57
39 Basic Salary	
40 Representation	37,931.01
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	
44A	
44B	
SUPPLEMENTARY	
45 Commission	
46 Profit Sharing	
47 Fees including Director's Fees	
48 Taxable 13th Month Benefits	
49 Hazard Pay	
50 Overtime Pay	0.00
51 Others (specify)	
51A OTHER TAXABLE INCOME	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	7,402.30
	45,333.30

I/We declare, under the penalties of perjury that the 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 **EDENREY RAMOS**
Present Employer/Authorized Agent Signature over Printed Name

54 **MARIONETTE GYLES N BACO**
Employee Signature over Printed Name

55 Valid ID No. of Employee

Place of Issue

Date Issued

Date Signed

Date Signed

Date Issued

Amount paid, if CTC

53 **EDENREY RAMOS**
Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/Human Resource or Authorized Representative)

54 **MARIONETTE GYLES N BACO**
Employee Signature over Printed Name

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

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

PhilHealth
Your Philippine Health



13-025294608-0

BACO, MARIONETTE GYLES NARRIDO

OCTOBER 06, 1996 - FEMALE
SAN PABLO NAVAL, BILIRAN - 6543

(130252946080)

Marionette

INFORMAL ECONOMY

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

Celestina Ma. Jose P. de La Serna

DR. CELESTINA MA. JOSE P. DE LA SERNA
INTERIM/OIC PRESIDENT AND CEO