



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
SS NUMBER SLIP

SS Number: 06-4305804-0

VILLORDON, MAE ANN ILLUSORIO

Birthdate: 11/22/1996





HQP-PFF-039  
(V09, 06/2022)

## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121325068050
REGISTRATION TRACKING NUMBER	923213526976

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	VILLORDON	MAE ANN		ILLUSORIO	<input type="checkbox"/>
FATHER	VILLORDON	SATURNINO		TOLABING	<input type="checkbox"/>
MOTHER (Maiden Name)	ILLUSORIO	MA TERESA		LAYAGUE	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VILLORDON	MAE ANN		ILLUSORIO	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
11/22/1996		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
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
					+63 (0906) 2050829
Subdivision		Barangay		Business (Direct Line)	
		SAN ROQUE		Business (Trunk Line)	
Municipality/City		Province/State/Country		Email Address	
TALISAY CITY		CEBU, PHILIPPINES		annvillordon1@gmail.com	
ZIP Code					
6045					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name		Barangay	
				SAN ROQUE	
Municipality/City		Province/State/Country		ZIP Code	
TALISAY CITY		CEBU, PHILIPPINES		6045	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



# Application for Registration

Taxpayer and Person Registering under E.O. 98  
(Securing a TIN to be able to transact with any government office) and Others

339 391 749 00000  
TIN to be issued (To be filled out by BIR)

1 Date of Registration (MMDD/YYYY) 07 28 2017 2 PhilSys Card Number (PCN) (If Applicable) \_\_\_\_\_ 3 RDO Code (To be filled out by BIR) 083

### Part I - Taxpayer Information

4 Taxpayer Type  
 E.O. 98 (Filipino Citizen)  One-Time Transaction - Foreign National  
 E.O. 98 (Foreign National)  Passive Income Earner Only  
 One-Time Transaction - Filipino Citizen  Estate (Non-Business)

5 Foreign TIN (If any) \_\_\_\_\_ 6 Country of Residence, if applicable \_\_\_\_\_

7 Taxpayer's Name  
 7A (If Individual) (Last Name) Villordon (First Name) Ma Ann (Middle Name) Illucorid (Suffix) \_\_\_\_\_ (Nickname) \_\_\_\_\_  
 7B (If Non-Individual) (Registered Name) \_\_\_\_\_

7C (IF STATE, ESTATE of (First Name, Middle Name, Last Name, Suffix) [If TRUST, FBO, (First Name, Middle Name, Last Name, Suffix)] \_\_\_\_\_

8 Date of Birth/Organization (MMDD/YYYY) 11 22 1994 9 Place of Birth Cebu City

10 Local Residence Address  
 (Full/Partial/Non-Building No.) \_\_\_\_\_ Building Name/Tower \_\_\_\_\_ Lot/Block/Phase/Unit No. 1999 Street Name Laking Flores  
 Subdivision/Village/Zone \_\_\_\_\_ Barangay San Roque Town/District \_\_\_\_\_  
 Municipality/City Talisay City Cebu Province Cebu ZIP Code 6045

11 Principal Foreign Address, if applicable (provide complete foreign address) \_\_\_\_\_ 12 Municipality Code (To be filled out by BIR) \_\_\_\_\_

13 Date of Arrival in the Philippines (MMDD/YYYY) \_\_\_\_\_ 14 Gender  Male  Female 15 Civil Status  Single  Married  Widower  Legally Separated

16 Spouse TIN \_\_\_\_\_ 17 Spouse Name (Last Name, First Name, Middle Name, Suffix) \_\_\_\_\_

18 Contact Number (Landline/Mobile No.) 09062050829 19 Official Email Address annvillordon@gmail.com

20 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Ma Teresa Lavagne Illucorid 21 Father's Name (First Name, Middle Name, Last Name, Suffix) Saturnino Tolabing Villordon Jr.

22 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)  
 Type \_\_\_\_\_ Number \_\_\_\_\_ Effectivity Date (MMDD/YYYY) \_\_\_\_\_ Expiry Date (MMDD/YYYY) \_\_\_\_\_

### Part II - Transaction Details

23 Purpose of TIN Application  
 A Dealings with Banks  B Dealings with Government Agencies  C Tax Treaty Relief  D Sale, Assignment and/or Disposal of Shares of Stock  
 E Sale, Assignment and/or Disposal of Real Properties classified as Capital Asset  F Sale, Assignment and/or Disposal of Real Properties classified as Ordinary Asset  G Donation of Properties  H Transfer of Properties by Succession (Death)  
 I First Time Job Seeker  J Others (specify) \_\_\_\_\_

### Part III - Withholding Agent/Accredited Tax Agent Information

24 Taxpayer Identification Number (TIN) \_\_\_\_\_ 25 RDO Code \_\_\_\_\_

26 Withholding Agent/Accredited Tax Agent's Name (If Individual Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name) (if different from taxpayer) \_\_\_\_\_

27 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province) \_\_\_\_\_

28 Contact Number (Landline/Mobile No.) \_\_\_\_\_ 29 Official Email Address \_\_\_\_\_ 27A ZIP Code \_\_\_\_\_

30 Declaration  
 I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my 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 give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Stamp of BIR Receiving Office and Date of Receipt  
02 AUG 2023

MAE ANN I. VILLORDON  
 TAXPAYER/AUTHORIZED REPRESENTATIVE  
 (Signature over Printed Name)

\_\_\_\_\_  
 Title/Position of Signatory

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



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

10 June 2019

Member Name : **VILLORDON , MAE ANN ILLUSORIO**  
Member Address : **SAN ROQUE, TALISAY, CEBU 6045**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1202-5826-1653**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

LOURDES F. DIOCSON  
Regional Vice President  
PRO - VII Cebu City

*This is a system generated document, signature is not required*



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Regional Vice President  
PRO - VII Cebu City

*This is a system generated document, signature is not required*



Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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

Province Cebu Registry No 46-31561

1. NAME (First) MAE ANN (Middle) ILLUSORIO (Last) VILLORDON

2. SEX XX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 22 NOVEMBER 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) VICENTE BOTTO MEMORIAL MEDICAL CENTER CEBU CITY

5a. TYPE OF BIRTH (Type of Birth) (First) (Middle) (Last) MULTIPLE BIRTH CHILD WAS XXX Single 2 Twin 1 First 2 Second 3 Triplet, etc. 3 Others, Specify

6. BIRTH ORDER (Live births and fetal deaths including this delivery) (first, second, third, etc.) 1 d. WEIGHT AT BIRTH (Weight) (grams) 3260

7. CITIZENSHIP Filipino 8. RELIGION Catholic

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION 11. Age at the time of this birth: 7 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) V. BMA CEBU CITY

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

14. CITIZENSHIP Filipino 15. RELIGION Catholic

16. OCCUPATION 17. Age at the time of this birth: 10 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) FEBRUARY 3, 1989 SAN NICOLAS CEBU CITY

19a. ATTENDANT 1. Physician 2. Nurse 3. Midwife 4. Healer (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 8:38 am/pm on the date stated above.)

Signature Name in Print Title or Position Date

20. INFORMANT Signature Name in Print Relationship to Informant Date

21. PREPARED BY Signature Name in Print Title or Position Date

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature Name in Print Title or Position Date

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9691561

48 1

49 501196

58 22178

61 7

62 043260

68 1 1

70 04 04 00

76 290 30

81 22178

86 1 1

88 290 30

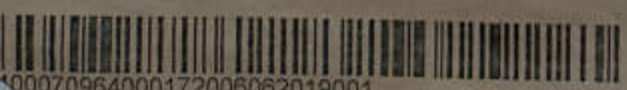
93 12/20/89

94 2778

94 12/20/96

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BReN 02217-A96XN0U-0

Documentary Stamp Tax Paid

CSM

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



Republika ng Pilipinas  
Republic of the Philippines  
Kagawaran ng Edukasyon  
Department of Education  
Rehiyon VII, Sentral Visayas  
Region VII, Central Visayas  
SANGAY NG LUNGSOD NG CEBU  
DIVISION OF CEBU CITY



## TISA DAY HIGH SCHOOL

PAARALAN

School

*Pinatutunayan nito na si*

This certifies that

*Mae An I. Villordon*

*ay maluwalhatang nakatapos ng kurso sa Sekundarya na itinakda para*

has satisfactorily completed the secondary academic course prescribed for

*sa Mataas na Paaralan ng Kagawaran ng Edukasyon*

High School by the Department of Education

*karya pinagkalooban siya nitong*

and hereby awarded this

**Katunayan**

CERTIFICATE

*Nilagdaan sa Lungsod ng Cebu, Pilipinas*

Signed in Cebu City, Philippines

*Ngayong ika- 22 ng Marso, 2013*

This 22<sup>nd</sup> day of March, 2013



*Alice S. Ganar*  
**ALICE S. GANAR**

PUNONG-GURO  
Principal

*Rhea Mar A. Angtud*  
**RHEA MAR A. ANGTUD, Ed. D.**

TAGAPAMANIHALA  
Superintendent

# Certificate of Compensation Payment/Tax Withheld



**BIR Form No. 2316**  
September 2021 (ENC5)

For Compensation Payment With or Without Tax Withheld

2316 9/21/ENC5

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

1 For the Year (YYYY) 2, 0, 2, 4

2 For the Period From (MM/DD) 0, 1, 0, 1 To (MM/DD) 0, 2, 0, 1

**Part I - Employee Information**

3 TIN 3, 3, 9 - 3, 9, 1 - 7, 4, 9 - 0, 0, 0

4 Employer's Name (Last Name, First Name, Middle Name) 5 RDO Code  
VILLORDON, Mae Ann, ILLUSORIO 0, 4, 3

6 Registered Address 6A ZIP Code  
SAN ROGUE TALISAY CEBU, Talisay City

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number  
1, 2, 2, 2, 1, 9, 9, 8

9 Statutory Minimum Wage rate per day 0.00

10 Statutory Minimum Wage rate per month 0.00

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 0, 0, 7 - 2, 9, 1 - 5, 0, 8 - 0, 0, 0

13 Employer's Name  
Results Manila Inc.

14 Registered Address 14A ZIP Code  
2nd Floor, Silver City Mall Frontiers Drive and Julia Vargas Ave Pasig City 1800 1, 6, 0, 4

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

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 0.00

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 0.00

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00

24 Tax Due 0.00

25 Amount of Taxes Withheld 0.00

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 (Item 26 less item 27) 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 P250,000 & below of 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)	0.00
35 De Minimis Benefits	0.00
36 -SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	0.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	0.00

**B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary	0.00
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)	
44A Other Taxable Income	0.00
44B Other Taxable Income	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	0.00
51 Others (specify)	
51A Other Taxable Income	0.00
51B Other Taxable Income	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	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 (R.A. No. 10173) for legitimate and lawful purposes.

53 GIANCARLA HERNANDEZ  
Present Employer/Authorized Agent Signature over Printed Name

Date Signed 0, 2, 1, 6, 2, 0, 2, 4

54 Mae Ann ILLUSORIO VILLORDON  
Employee Signature over Printed Name

Date Signed 0, 2, 1, 6, 2, 0, 2, 4

55 Valid ID No. Place of Issue  
Employee

Date Issued  Amount paid, if CTC

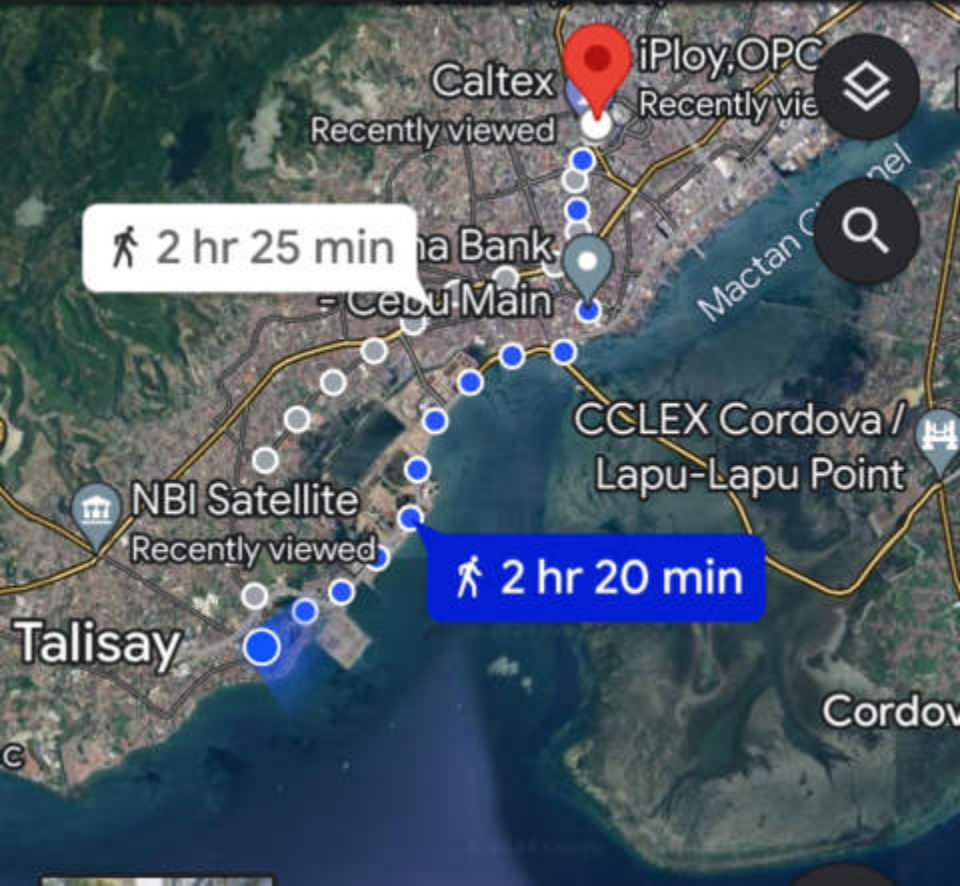
**To be accomplished under substituted filing**

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.

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.

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 Mae Ann ILLUSORIO VILLORDON  
Employee Signature over Printed Name



2 hr 25 min

2 hr 20 min

Caltex  
Recently viewed

iPloy, OPC  
Recently viewed

NBI Satellite  
Recently viewed

CCLEX Cordova /  
Lapu-Lapu Point

Talisay

Cordova

Mactan Channel

Bank  
- Cebu Main