

**PhilHealth***Your Partner in Health***Member Information**

| | |
|---|--|
| PhilHealth Identification Number | 13-025137417-2 |
| Last Name | FRANCE |
| First Name | MIRADELFA |
| Middle Name | JUABLAR |
| Name Extension | |
| Sex | FEMALE |
| Date of Birth | 05/06/1984 |
| Email Address | |
| Mobile Number | |
| Telephone Number | 09173002570 |
| Permanent Address | CCF HOUSING SAN MIGUEL, PALOMPON LEYTE |
| Mailing Address | |
| Member Category | DIRECT CONTRIBUTOR - EMPLOYED PRIVATE |
| Konsulta Provider | Click here to select Konsulta Provider |

**Employer Information**



CERTIFICATE OF EMPLOYMENT

This is to certify that **Ms. Miradelfa J. France** was a **regular employee** of **Supportware Philippines, Inc.** from September 07, 2023 to June 29, 2024 as a **Membership Service Advocate**.

Further, this is to certify that Ms. France was receiving an annual gross compensation of **Three Hundred Thirty-Four Thousand Pesos (PHP 334,000.00)**, the breakdown of which is as follows:

| Salary Component | Amount (in Php) |
|---------------------------------------|------------------------|
| Base Salary | 264,000.00 |
| 13 th Month Pay | 22,000.00 |
| Taxable Allowance | 24,000.00 |
| Non-Taxable Allowance (De Minimis) | 24,000.00 |
| Total Gross Salary (Per Annum) | 334,000.00 |

This certification is being issued to Ms. France for whatever legal purpose it may serve.

Issued this 31st day of July 2024.

Certified Correct.

Alysza Mae S. Pascual
Compensation and Benefits Specialist



BIR Form No.
2316

September 2021 (ENC5)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21/ENC5

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

| <p>1 For the Year (YYYY) <u>2 0 2 4</u></p> <p style="text-align: center;">Part I - Employee Information</p> <p>3 TIN <u>4 2 2 - 0 2 7 - 4 7 9 - 0 0 0 0 0</u></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <u>FRANCE, MIRADELFA JUABLAR</u></p> <p>5 RDO Code <u>0 4 4</u></p> <p>6 Registered Address <u>810 C, D Jakosalem Street Brgy San Antonio, Cebu City</u></p> <p>6A ZIP Code _____</p> <p>6B Local Home Address <u>810 C, D Jakosalem Street Brgy San Antonio, Cebu City</u></p> <p>6C ZIP Code _____</p> <p>6D Foreign Address _____</p> <p>7 Date of Birth (MM/DD/YYYY) <u>0 5 0 6 1 9 8 4</u></p> <p>8 Contact Number _____</p> <p>9 Statutory Minimum Wage rate per day _____</p> <p>10 Statutory Minimum Wage rate per month _____</p> <p>11 <input type="checkbox"/> Minimum Wage Earning (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p style="text-align: center;">Part II - Employer Information (Present)</p> <p>12 TIN <u>0 0 9 - 8 6 8 - 4 8 6 - 0 0 0 0 0</u></p> <p>13 Employer's Name <u>SUPPORTWARE PHILIPPINES INC</u></p> <p>14 Registered Address <u>20th Floor Picadilly Star Building, 4th Avenue corner 27th Street, BGC, Taguig City</u></p> <p>14A ZIP Code <u>1 6 3 0</u></p> <p>16 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p style="text-align: center;">Part III - Employer Information (Previous)</p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____</p> <p>18A ZIP Code _____</p> <p style="text-align: center;">Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 29 and 37) <u>133,603.95</u></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>133,603.95</u></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 32) <u>0.00</u></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>0.00</u></p> <p>24 Tax Due <u>0.00</u></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <u>0.00</u></p> <p>25B Previous Employer, if applicable <u>0.00</u></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u></p> <p>27 5% Tax Credit (PERA Act of 2008) <u>0.00</u></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <u>0.00</u></p> | <p>2 For the Period From (MM/DD) <u>0 1 0 1</u> To (MM/DD) <u>0 6 2 9</u></p> <p style="text-align: center;">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;">105,741.03</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 P50,000)</td> <td style="text-align: right;">7,807.47</td> </tr> <tr> <td>35 De Minimis Benefits</td> <td style="text-align: right;">10,390.45</td> </tr> <tr> <td>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">9,665.00</td> </tr> <tr> <td>37 Salaries and Other Forms of Compensation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td> <td style="text-align: right;">133,603.95</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;">0.00</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 _____</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>44B _____</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2" style="text-align: center;">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;">0.00</td> </tr> <tr> <td>51 Others (specify)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>51A Salaries and other form of compensation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>51B _____</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;">0.00</td> </tr> </tbody> </table> | Amount | Amount | 29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE | 105,741.03 | 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 P50,000) | 7,807.47 | 35 De Minimis Benefits | 10,390.45 | 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 9,665.00 | 37 Salaries and Other Forms of Compensation | 0.00 | 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 133,603.95 | 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) | 0.00 | 44A _____ | 0.00 | 44B _____ | 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) | 0.00 | 51A Salaries and other form of compensation | 0.00 | 51B _____ | 0.00 | 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) | 0.00 |
|--|--|--------|--------|---|------------|-----------------------------|------|------------------------------|------|--|------|----------------------------|------|--|----------|-------------------------------|-----------|---|----------|--|------|--|------------|------------------------|------|--------------------------|------|--------------------------|------|---|------|-----------------------------------|------|----------------------------|------|------------------|------|------------------|------|----------------------|--|----------------------|------|--------------------------|------|--|------|---------------------------------------|------|----------------------|------|------------------------|------|----------------------------|------|--|------|------------------|------|--|------|
| Amount | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE | 105,741.03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 P50,000) | 7,807.47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 De Minimis Benefits | 10,390.45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 9,665.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Salaries and Other Forms of Compensation | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 133,603.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44A _____ | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44B _____ | 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) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51A Salaries and other form of compensation | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51B _____ | 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 (RA No. 10173) for legitimate and lawful purposes.

53 EDADES, JOSE MA. MIGUEL PADRE / Director, Human Resources
Present Employer/Authorized Agent Signature over Printed Name

Date Signed _____

CONFORME:

54 FRANCE, MIRADELFA JUABLAR
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. 1004-C which has been filed with the Bureau of Internal Revenue.

55 _____
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 received grossly 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. 1004-C filed by my employer to the BIR shall contribute to my income taxation; 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 _____
Employee Signature over Printed Name

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



Pag-IBIG *Plus*
LOYALTY CARD



MIRADELFA J. FRANCE

MPI No 1212-2756-0086



3*1501*2062*016723



REPUBLIC OF THE PHILIPPINES
Unified Multi-Purpose ID



CRN-0113-0660794-7



SURNAME
FRANCE

GIVEN NAME
MIRADELFA

HOUSE NUMBER
JUABLAR

SEC. P. DATE OF BIRTH 1984/05/06

LOCALITY
CCF HOUSING BRGY SAN MIGUEL
PALORPON LEYTE PROVINCE
PHL 6538

France