



**Medgrupe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph



**SERVICE ORDER**

**BILL TO :**

**[000160] IPLOY STAFFING SOLUTIONS**  
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu  
 09177097074 / 09171575430

Priority No.	0038
SO No.	470171
S.O Date	08/05/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 103819  
**PATIENT NAME** : MULATO, MARY ROSE, BAJA  
**PATIENT ADDRESS** : Poblacion Occidental, Consolacion, Cebu  
**MOBILE NO.** : 0995 285 5043  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 11/17/1997  
**AGE** : 26  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME >PE CHEST PA, CBC, UA, @ received DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

**BIOMETRICS DONE**  
**DATE:**

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

**PREPARED BY:**

Juvelyn N. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

BY: Signature Over Printed Name

Date Created: 08/05/2024 10:18 AM

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*



BIR Form No.  
**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 (01) ENCS

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

1 For the year (YYYY) **2023**

2 For the Period From (MMDD) **0101** To (MMDD) **0815**

**Part I - Employee Information**

3 TIN **754 - 367 - 507 - 000**

4 Employee's Name (Last Name, First Name, Middle Name) **MILATO, MARY ROSE, BAJA** 5 RDO Code **123**

6 Registered Address **6A Zip Code: 6001**

8B Local Home Address **8C Zip Code:**

8D Foreign Address

7 Date of Birth (MMDDYYYY) **11171997** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

**Part II - Employer Information (Present)**

12 TIN **244 - 963 - 876 - 000**

13 Employer's Name **QUALIFON PHILS. INC. CEBU**

14 Registered Address **14A Zip Code: 6000**

15 Type of Employee  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 20 and 21) **183,647.43**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 20) **42,194.43**

21 Taxable Compensation Income from Present Employer (Less Item 20 from item 19) **141,453.00**

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

23 Gross Taxable Compensation Income (Sum of items 21 and 22) **141,453.00**

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 allowed (Sum of items 25A and 25B) **0.00**

**Part IV Details of Compensation Income and Tax Withheld from Present Employer**

**A NON-TAXABLE/EXEMPT COMPENSATION INCOME**

27 Basic Salary (including the special PSC/ARL Allowance or the Statutory Minimum Wage of the MWE) **0.00**

28 Holiday Pay (MWE) **0.00**

29 Overtime Pay (MWE) **0.00**

30 Night Shift Differential (MWE) **0.00**

31 Hazard Pay (MWE) **0.00**

32 13th Month Pay and Other Benefits (maximum of P90,000) **22,576.10**

33 De Minimis Benefits **13,037.92**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **6,985.41**

35 Salaries and Other Forms of Compensation **0.00**

36 Total Non-Taxable/Exempt Compensation Income (Sum of items 27 to 35) **42,194.43**

**B TAXABLE COMPENSATION INCOME REGULAR**

37 Basic Salary **96,327.55**

38 Representation **0.00**

39 Transportation **3,087.93**

40 Cost of Living Allowance (COLA) **0.00**

41 Fixed Housing Allowance **0.00**

42 Others (Specify)

42A **0A BIR** **8,530.00**

42B **0.00**

**SUPPLEMENTARY**

43 Commission **0.00**

44 Profit Sharing **0.00**

45 Fees including Director's Fees **0.00**

46 Taxable 13th Month Benefits **0.00**

47 Hazard Pay **0.00**

48 Overtime Pay **34,037.53**

49 Others (Specify)

49A **0.00**

49B **0.00**

50 Total Taxable Compensation Income (Sum of items 37 to 49) **141,453.00**

I/We declare, under the penalties of perjury that this certificate has been made to good faith, written by me, and to the best of my own 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.

51 **METHYL TAER**  
Present Employer Authorized Agent Signature over Printed Name

Date Signed **09072023**

EMPLOYEE: **MILATO, MARY ROSE, BAJA**

Date Signed **09292023**

52 **MILATO, MARY ROSE, BAJA**  
Employee Signature over Printed Name

Amount Paid, if CTC

53 **Coby Cita**  
Place of Issue

Date of Issue

To be accomplished under authorized stamp

I declare, under the penalties of perjury that the information herein stated are correct under BIR Form No. 1504-D which has been filed with the Bureau of Internal Revenue.

I declare under the penalties of perjury that I am qualified under subsection (f) 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, but I was have been correctly withheld by my employer (tax due equate tax withheld). But the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return, and the BIR Form No. 2316 shall serve as my certificate as to my income tax return, and the BIR Form No. 1700 had been filed pursuant to the provisions of subsection (f) of the Income Tax Return (IR) No. 2,200, as amended.

54 **MARY ROSE B. MILATO**  
Present Employer Authorized Agent Signature over Printed Name

Employee Signature over Printed Name

September 02, 2022

## CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

This is to certify that **Mary Rose Mulato** was an employee of Teleperformance Philippines from **February 2, 2022** to **August 9, 2022**. He/She held the position of Customer Service Representative.

This Certification is being issued upon the request of **Mary Rose Mulato** for reference Purposes.

  
Rachel Mujito - Carabelos  
Vice President, Human Resources


For Employment Verification, please send an e-mail to [philippines@teleperformance.com](mailto:philippines@teleperformance.com)

## CERTIFICATION

This is to certify that **Mary Rose Baja Mulato** was a regular employee of Qualfon Philippines Inc. She occupied the position of **Customer Service Representative** from **August 11, 2022 to August 13, 2023**. She has been cleared from all accountabilities and liabilities.

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

Done in Cebu City, Philippines this 8<sup>th</sup> day of September 2023.



**EDGARDO P. ABRAHAM JR.**  
Senior Manager, Person Office

Please send email for verification to [PODataManagement@qualfon.com](mailto:PODataManagement@qualfon.com)