



**BIR Form No. 2316**  
January 2018 (ENCS)

**Certificate of Compensation Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

BIR Form No. 2316-01-1801-0-0

1 For the Year (YYYY) **2 0 2 3**

2 For the Period From JUNE/JULY **0 1 0 1** To JANUARY **0 9 0 5**

**Part I - Employee Information**

3 TIN **3 8 7 - 0 3 5 - 3 7 1**

4 Employee's Name (Last Name, First Name, Middle Name) **Logan, Kent Sarol**

5 IDO Code **1 2 6**

6 Registered Address **6A ZIP Code**

6B Local Home Address **6C ZIP Code**  
**Purok Tansi 6 0 1 8**

6D Foreign Address **San Fernando**

7 Date of Birth (MM/DD/YYYY) **0 8 2 6 2 0 0 1**

8 Contact Number **9 4 1 1 3 4 8 2 7**

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

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

12 TIN **4 0 2 - 0 5 1 - 1 2 9 - 0 0 0**

13 Employer's Name (Last Name, First Name, Middle Name, Initials)  
**d/b/a YTEC Customer Care Mgt Phils. Branch**

14 Registered Address **FIVE CORNER 10F HARBOUR DR 14A ZIP Code**  
**MOA Pasay City Metro Manila 1300 1 3 0 0**

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 27 and 30) **160,259.61**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of Items 27 to 30) **41,998.60**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (Item Item 50) **118,261.01**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **118,261.01**

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

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

27 Basic Salary (including the exempt P250.00 & below) 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 P90,000)

33 De Minimis Benefits **25,050.95**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **9,962.50**

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

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **41,998.60**

**B. TAXABLE COMPENSATION INCOME REGULAR**

37 Basic Salary **72,431.97**

38 Representation

39 Transportation **6,886.59**

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

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 **11,396.17**

49 Others (specify):

49A **Co. Incentives 27,546.28**

49B

50 Total Taxable Compensation Income **118,261.01**

I/We declare, under the penalties of perjury that the certificate has been made in good faith, verified by me, 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.

51 **Ching, Emiliano Sanchez** *[Signature]* Date Signed **0 9 3 0 2 0 2 3**

Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

52 **Lugan, Kent Sarol** Date Signed

Employee Signature over Printed Name

CTC/Valid ID No. of Employee **\_\_\_\_\_** Place of Issue **\_\_\_\_\_** Date Signed **\_\_\_\_\_** Amount paid, if CTC **\_\_\_\_\_**

**To be accomplished under substituted filing**

I/We 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.

53 **Ching, Emiliano Sanchez** *[Signature]*

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

I/We 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. The taxes have been correctly withheld by my employer (See also equal tax withheld). That the BIR Form No. 1004-C filed by my employer to the BIR shall constitute as my return (as 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.

54 **Lugan, Kent Sarol**

Employee Signature over Printed Name

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

**LUGAS, KENT SAROL**

SS Number: 06-4377073-9

 Your password will expire on Nov 24, 2024 | Your last login was on Aug 11, 2024 1:39:42 PM thru the SSS Website

HOME

MEMBER DATA

INQUIRY

BENEFITS

LOANS

SERVICES

PAYMENT REFERENCE NUMBER (PRM)

LOGOUT

## Member Details

### Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	DOCUMENTARY REQUIREMENT(S) SUBMITTED
Membership Status :	PERMANENT
Prior Registrant :	NO
Date of SS Number Issuance :	11/07/2019
Sex :	MALE
Reporting Date :	01-22-2020
Reporting ID :	03-9147935-3
Latest ER ID :	03-9265641-8
Latest ER Name :	TTEC CUSTOMER CARE MANAGEMENT
Claim Flag Status :	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number) :	
Membership Type :	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	MAKATI-GIL PUYAT
TIN Number	





REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-051614938-3**

**LUGAS, KENT SAROL**

AUGUST 26, 2001 - MALE

BUNGTOD MANLAYAG DANAOG CITY, CEBU - 6004

*Kent Sarol Lugas*



1 2 0 5 1 6 1 4 9 3 8 3

FORMAL ECONOMY



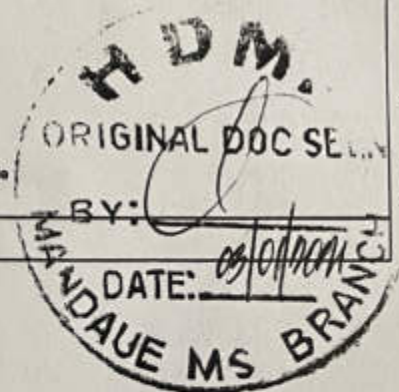
# MEMBER'S DATA FORM (MDF)

FOR PAPER-BASED USE ONLY
Pag-IBIG MID NUMBER <b>121262257524</b>
REGISTRATION TRACKING NUMBER <b>919310389094</b>

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	MIDDLE NAME	NO MIDDLE NAME	
MEMBER	LUGAS	KENT	SAROL	<input type="checkbox"/>	
FATHER	LUGAS	JEFFREY	DAGATAN	<input type="checkbox"/>	
MOTHER (Maiden Name)	SAROL	MARVE	PANCHO	<input type="checkbox"/>	
SPOUSE (if Married)				<input type="checkbox"/>	
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LUGAS	KENT	SAROL	<input type="checkbox"/>	
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
08/26/2001		Single/Unmarried		SSS NUMBER	
PLACE OF BIRTH			CITIZENSHIP		GSIS NUMBER
CEBU CITY, CEBU, PHILIPPINES			FILIPINO		EMPLOYEE NUMBER
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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	CELLPHONE
				BUNGTOD	+63 (0977) 1688403
Subdivision			Barangay		BUSINESS (DIRECT LINE)
			MANLAYAG		BUSINESS (TRUNK LINE)
Municipality/City			Province/State/Country		E-MAIL ADDRESS
DANAO CITY			CEBU, PHILIPPINES		
ZIP Code					
6004					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name		Subdivision	
		BUNGTOD		Barangay	
				MANLAYAG	
Municipality/City		Province/State/Country			
DANAO CITY		CEBU, PHILIPPINES			
ZIP Code		6004			
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.





Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



37052195

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows

NBI ID NO  
L220HK0T10-LG1547720

VALID UNTIL  
February 02, 2025

FAMILY NAME  
LUGAS

FIRST NAME  
KENT

HUSBAND'S SURNAME

MIDDLE NAME  
SAROL

ADDRESS  
PUROK TAMSI SOUTH POBLACION SAN FERNANDO CEBU

PLACE OF BIRTH  
CEBU CITY

DATE OF BIRTH  
August 26, 2001

CIVIL STATUS  
SINGLE

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE



SIGNATURE

GENDER  
MALE



L220HK0T10-LG1547720

*Medardo de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Date Printed: Friday, 2 February 2024 02:20 pm

Agency	LG	DATID	omambac
CASID	omambac	BIOID	omambac
O/R No	99TY3IPU	RECID	
O/R Date	02/02/2024 2:04:32 pm	INTID	
DST PAID		PRTID	omambac

NATIONAL ROAD

MUNICIPAL HALL

SF COMPLEX

EVANGELICAL SCHOOL

HOME