

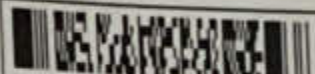


BIR Form No.
2316

September 2021 (ENC-5)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 (ENC-5)

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

1 For the Year (YYYY) 2 0 2 1		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 5 1 5	
Part I - Employee Information			
3 TIN 3 4 5 - 7 9 0 - 9 4 8 - 0 0 0 0 0		5 BDO Code 0 8 1	
4 Employee's Name (Last Name, First Name, Middle Name) Centinales, Kris Cyveil Olanga			
6 Registered Address 84 El Filibusterismo St. Barangay Ermita Cebu City		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) 1 0 1 6 1 9 9 8		8 Contact Number	
9 Statutory Minimum Wage rate per day 0.00		10 Statutory Minimum Wage rate per month 0.00	
11 <input type="checkbox"/> 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 6 - 6 4 8 - 3 4 0 - 0 0 0 0 0		13 Employer's Name EPERFORMAX CONTACT CENTERS (CEBU) CORP	
14 Registered Address JY SQUARE IT CENTERS 1 & 3 LAHUG CEBU CITY		14A ZIP Code 6 0 0 0	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> 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 39 and 52) 83,450.13		20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38) 17,054.22	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52) 66,395.91		22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	
23 Gross Taxable Compensation Income (Sum of items 21 and 22) 66,395.91		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		27 5% Tax Credit (PERA Act of 2008) 0.00	
28 Total Taxes Withheld (Item 26 less item 27) 0.00		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
		29 Basic Salary (including the exempt P250,000 & below or 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) 8,801.19	
		35 De Minimis Benefits 0.00	
		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 7,246.10	
		37 Salaries and Other Forms of Compensation 1,006.93	
		38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37) 17,054.22	
		B. TAXABLE COMPENSATION INCOME REGULAR	
		39 Basic Salary 60,868.23	
		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 Night Diff and Premiums 5,527.68	
		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)	
		51A 0.00	
		51B 0.00	
		52 Total Taxable Compensation Income (Sum of items 39 to 51B) 66,395.91	

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 <u>Nezabette C. Ralleca</u> Present Employer/Authorized Agent Signature over Printed Name		Date Signed
CONFORME: 54 <u>Centinales, Kris Cyveil Olanga</u> Employee Signature over Printed Name		Date Signed
CTC/Valid ID No. of Employee	Place of Issue	Date Issued
Amount paid # CTC		

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 <u>Nezabette C. Ralleca</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		56 <u>Nezabette C. Ralleca</u> Employee Signature over Printed Name	

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

**CENTINALES, KRIS CYVEIL OLANGA**

SS Number: 06-4127727-6

Your password will expire on Feb 18, 2025

HOME

MEMBER INFO

INQUIRY

BENEFITS

LOANS

SERVICES

PAYMENT REFERENCE NUMBER (PRN)

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 :	05/24/2018
Sex :	FEMALE
Reporting Date :	03-11-2019
Reporting ID :	06-1789810-0
Latest ER ID :	06-1739682-2
Latest ER Name :	EPERFORMAX CONTACT CENTERS (CE
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	CEBU
TIN Number	





Republic of the Philippines
Department of Justice
National Bureau of Investigation



420419510

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:
C535JKPL89-R71651012

VALID UNTIL:
August 21, 2025

FAMILY NAME:
CENTINALES

FIRST NAME:
KRIS CYVEIL

MIDDLE NAME:
OLANGA

HUSBAND'S SURNAME:

ADDRESS:

11 A NOLI ME TANGERE ST. BRGY ERMITA CEBU CITY

DATE OF BIRTH:
October 16, 1998

PLACE OF BIRTH:
CAWAYAN MASBATE

CITIZENSHIP:
FILIPINO

CIVIL STATUS:
SINGLE

PURPOSE:

MULTI-PURPOSE CLEARANCE

REMARKS:

NO RECORD ON FILE



SIGNATURE

GENDER:
FEMALE



Date Printed: Wednesday, August 21, 2024 12:48 PM

Agency	R7	DATID	villarinn
CASID	villarinn	BIGID	villarinn
O.R. No.	MP4KFCQBNC	RECID	
O.R. Date	08/21/2024 12:41:16 PM	INTID	
DST PAID		PRTRID	villarinn



C535JKPL89-R71651012

JUDGE JAIME B. SANTIAGO (RET.)
Director



Republic of the Philippines
Department of Justice
National Bureau of Investigation



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CITIZENSHIP:
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CIVIL STATUS:
SINGLE

PURPOSE:

MULTI-PURPOSE CLEARANCE

REMARKS:

NO RECORD ON FILE



SIGNATURE

GENDER:
FEMALE



Date Printed: Wednesday, August 21, 2024 12:46 PM

Agency	R7	DATID	villarinn
CASID	villarinn	BIGID	villarinn
O.R. No.	MP4KFCQBNC	RECID	
O.R. Date	08/21/2024 12:41:16 P	INTID	
DST PAID		PRTRID	villarinn



C535JKPL89-R71651012

JUDGE JAIME B. SANTIAGO (RET.)
Director

NATIONAL BUREAU OF INVESTIGATION



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-051578612-6

CENTINALES, KRIS CYVEIL OLANGA



OCTOBER 16, 1998 - FEMALE
11A NOLI ME TANGERE ERMITA (POB.) CEBU CITY,
CEBU - 6000



1 2 0 5 1 5 7 8 6 1 2 6


Signature

FORMAL ECONOMY



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121226405907
REGISTRATION TRACKING NO.	918150863993

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE	
<i>Please specify</i>			
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	CENTINALES	KRIS CYVEIL	OLANGA <input type="checkbox"/>
FATHER	CENTINALES	BRIX	SOLANA <input type="checkbox"/>
MOTHER (Maiden Name)	OLANGA	ALSUSANA	RIVERO <input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CENTINALES	KRIS CYVEIL	OLANGA <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
10/16/1998	Single/Unmarried		345790948
PLACE OF BIRTH		CITIZENSHIP	SSS NUMBER
CAWAYAN, MASBATE		FILIPINO	0641277276
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 <i>For AFP/PNP Employee, Serial/Badge No.</i> <i>For DepEd Employee, Division Code-Station Code</i>	

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name		Home	
Let No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
					+63 (0949) 7831678
Subdivision		Barangay		Business (Direct Line)	
Municipality/City		Province/State/Country		Business (Trunk Line)	
INABANGA		BOHOL, PHILIPPINES		Email Address	
ZIP Code				centinales123@gmail.com	
8332					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.	Street Name	Subdivision		Barangay	
11-A	NOLI ME TANGERE			ERMITA	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.