



**SASAN, ANDREA MAE ABANG**

SS Number: 06-4643671-1

Your password will expire on Feb 19, 2025 | Your last login was on Aug 23, 2024 8:31:16 PM thru the SSS Website

### Member Details

#### Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	APPLICATION THRU SSS WEB/MOBILE APP - WITH NO SUBMITTED DOCUMENT(S)
Membership Status :	TEMPORARY
Prior Registrant :	NO
Date of SS Number Issuance :	08/09/2023
Sex :	FEMALE
Reporting Date :	10-04-2023
Reporting ID :	06-1757354-8
Latest ER ID :	06-1757354-8
Latest ER Name :	VCUSTOMER PHILIPPINES (CEBU) I
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	



## MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(VNL 06/2022)

**FOR Pag-IBIG Fund USE ONLY**

Pag-IBIG MD NUMBER

121325555247

REGISTRATION TRACKING NUMBER

923219078313

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
<b>PERSONAL DETAILS</b>					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SASAN	ANDREA MAE		ABANG	<input type="checkbox"/>
FATHER	SASAN	KENNETH		SABELLONA	<input type="checkbox"/>
MOTHER (Mother Name)	SASAN	GINALYN		ABANG	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SASAN	ANDREA MAE		ABANG	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
12/08/2000		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		
NAGA, CEBU			FILIPINO		
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	144.00	43.00			
COMMON REFERENCE NUMBER (CRM)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/PAF Employee - SmartBadge
					No
					For DepEd Employee - Division Code-Station Code
<b>ADDRESS AND CONTACT DETAILS</b>					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Floor No. / Floor Building Name					Home
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
				PUROK BAYONG CENTRO	+63 (0)161 8601731
Subdivision				Barangay	Business (Direct Line)
Municipality/City				Province/State/Country	Business (Toll-free Line)
NAGA				CEBU, PHILIPPINES	Email Address
ZIP Code					
6007					
PRESENT HOME ADDRESS					
Unit/Floor No. / Floor		Building Name		Lot No.	Block No.
					Phase No.
House No.		Street Name		Barangay	
		PUROK BAYONG CENTRO		BAYAGAN	
Municipality/City		Province/State/Country		ZIP Code	
NAGA		CEBU, PHILIPPINES		6007	
PREFERRED MAILING ADDRESS					
PERMANENT HOME ADDRESS					

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 87, Guzman Peak Tower, Ortigas Ave. Cor. EDSA, Cebu City 6000  
 (032) 233 7407 (032) 233 7523 (032) 233 3287 (Fax) (032) 233 3281 (032) 233 7671  
 www.philhealth.gov.ph



### MEMBER DATA RECORD

#### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 120261404430  
 Member Category : DIRECT CONTRIBUTOR - EMPLOYED PRIVATE  
 PhilSys Number :  
 NHTS Coverage : N/A  
 Validity Period : N/A

**SASAN, ANDREA MAE ABANG**  
 INAYAGAN, NAGA, CEBU - 6037

Foreign Address : N/A  
 Sex : FEMALE  
 Date of Birth : 12/09/2000  
 Place of Birth : NAGA, CEBU  
 Contact No. (Foreign) : N/A  
 (Local) : /09166669735  
 Civil Status : SINGLE  
 Tax Identification Number :

#### EMPLOYER ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 012000022312  
 Name of Employer/Organized Group : VCUSTOMER PHILIPPINES (CEBU) INC  
 Business Address : 6TH FLOOR EBLOC 3 GEONZON STREET CEBU IT PARK APAS, CEBU CITY CEBU  
 Telephone Number : 032 5126275  
 Tax Identification Number : 007964541000  
 Employment Status: EMPLOYED  
 Date : 09/14/2023

#### DEPENDENT INFORMATION

FIN	Surname	Given Name	Middle Name	Sex	Birthday	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

**MARJORIE A. CABRIETO**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang mairagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. **Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and avialment of benefits.**

This is a system generated report. Signature is not required. Printed At : CEBU CITY - CEBU  
 10/25/2023 10:57:11 AM 0679917 30275712 08/15/2023 / 30679917 10/25/2023



**TECH**  
**mahindra**

Tech Mahindra Site:  
**Ebloc 3**

6<sup>th</sup> Floor Ebloc 3 || IT Park Lahug || Cebu  
City, Phils, 6000

# CERTIFICATION

This is to certify that **Andrea Mae Sasan** was an employee of **vCUSTOMER PHILIPPINES (CEBU) INC. (a Tech Mahindra Company)** from **2/16/2024** to **4/30/2024**. She held the position of **Associate - Customer Support**.

This certification is issued upon the request of **Andrea Mae Sasan** for employment purposes. vCustomer Cebu shall not be held liable if this certification is used other than the purpose indicated.

Issued this 6th day of May 2024, Cebu City, Philippines.

**Mayalita Infante Lopez**  
Manager, Human Resources  
[Mayalita.Lopez@TechMahindra.com](mailto:Mayalita.Lopez@TechMahindra.com)

For Employee Verification, please send an email to [EmployeeVerificationRequest@TechMahindra.com](mailto:EmployeeVerificationRequest@TechMahindra.com)



**TECH mahindra**

Tech Mahindra Site:  
**Ebloc 3**  
6<sup>th</sup> Floor Ebloc 3 || IT Park Lahug || Cebu City, Phils, 6000

# CERTIFICATION

This is to certify that **Andrea Mae Sasan** was an employee of **vCUSTOMER PHILIPPINES (CEBU) INC. (a Tech Mahindra Company)** from **9/14/2023** to **2/11/2024**. She held the position of **Associate - Customer Support**.

This certification is issued upon the request of **Andrea Mae Sasan** for employment purposes. vCustomer Cebu shall not be held liable if this certification is used other than the purpose indicated.

Issued this 19th day of March 2024, Cebu City, Philippines.

**Mayalita Infante Lopez**  
Manager, Human Resources  
[Mayalita.Lopez@TechMahindra.com](mailto:Mayalita.Lopez@TechMahindra.com)

For Employee Verification, please send an email to [EmployeeVerificationRequest@TechMahindra.com](mailto:EmployeeVerificationRequest@TechMahindra.com)



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

(To be accomplished in quadruplicate)

Province CERU Registry No. 2000-7205

City/Municipality NAGA

**1. NAME** (First) (Middle) (Last)  
ANDREA MAR (First) ABRIL (Middle) CRUZ (Last)

**2. SEX**  
1 Male 2 Female

**3. DATE OF BIRTH** (day) (month) (year)  
01 / 02 / 2000

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution/ Home No., Street, Barangay) (City/Municipality) (Province)  
ABDO, ZARAGAN (City/Municipality) CERU (Province)

**5a. TYPE OF BIRTH**  
1 Single 2 Twin 3 Triplet, etc.

**5b. IF MULTIPLE BIRTH, CHILD WAS**  
1 First 2 Second 3 Others, Specify

**6. BIRTH ORDER** (Five births and total deaths including this delivery)  
01 (First, second, third, etc.)

**6. WEIGHT AT BIRTH**  
3 (Pounds) 00 (Ounces)

**7. MAIDEN NAME** (First) (Middle) (Last)  
ANDREA (First) ABRIL (Middle) CRUZ (Last)

**7. CITIZENSHIP** FILIPINO **8. RELIGION** ROMAN CATHOLIC

**9a. Total number of children born alive:** 1 **9b. No. of children still being suckled:** 1 **9c. No. of children born alive but are now dead:** 0

**10. OCCUPATION** PHYSICIAN **11. Age at the time of this birth:** 01 years 02 months 00 days

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
PHYSICIAN (Occupation) 01 / 02 / 00 (Age)

**13. NAME** (First) (Middle) (Last) ANDREA (First) ABRIL (Middle) CRUZ (Last) CERU (Province)

**14. CITIZENSHIP** FILIPINO **15. RELIGION** ROMAN CATHOLIC

**16. OCCUPATION** PHYSICIAN **17. Age at the time of marriage:** 01 years 01 months 05 days

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 6, 1999 AT MISOLANILLA - 9 HR

**19a. ATTENDANT**  
1 Physician 2 Nurse 3 Midwife 4 Other (Specify)

**19b. CERTIFICATION OF BIRTH**  
(I hereby certify that I attended the birth of the child who was born alive at \_\_\_\_\_'s place on the date stated above.) 01 / 02 / 00

Signature N. Alforque Address TRETAGAN, NAGA, CERU  
Name in Print NOBLEZA ALFORQUE  
Title or Position MD Date DECEMBER 9, 2000

**20. INFORMANT**  
Signature \_\_\_\_\_ Address TRETAGAN, NAGA, CERU  
Name in Print GIBRANZA I. BARRAN  
Relationship to the child MOTHER Date DECEMBER 9, 2000

**21. PREPARED BY**  
Signature \_\_\_\_\_  
Name in Print MARGEE S. CODRINE  
Title or Position SECRETARY  
Date DECEMBER 9, 2000

**22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**  
Signature CARMELITA N. ERICTA  
Name in Print CARMELITA N. ERICTA  
Title or Position MUN. CIVIL REGISTRAR  
Date NAGA, CERU

REMARKS/ANNOTATION

2234-8002904-0

01000220

01091200

22343

010200

010105

010200

010200

DEC 22 2000

04896-CA-400KCM-00019-B1018  
BEST POSSIBLE IMAGE



740004896400001905282013018  
E1000424245

BReN  
02234-8002905-0

Documentary  
Stamp Tax Paid

*Carmelita N. Ericta*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office



REPUBLIC OF THE PHILIPPINES  
 PROVINCE OF CEBU  
 CITY OF NAGA  
 BARANGAY INAYAGAN  
 TEL. NO. 383-2466



Service with a heart



**OFFICE OF THE PUNONG BARANGAY**



**HON. EDILBERTO A. FAT**  
 Punong Barangay

**Barangay Councilors:**

**HON. NARCISO C. TABLATE**  
 Chairman on Peace and Order and Environment

**HON. LENDY L. FAT**  
 Chairman on Budget and Appropriation and Infrastructure

**HON. ANASTACIO A. CAÑETE JR.**  
 Chairman on Agriculture and BCPC

**HON. HIDEL V. ARCILLA**  
 Chairman on Laws and Solid Waste

**HON. JEAN A. CAÑA**  
 Barangay Councilor

**HON. ALLAN P. CAPARAS**  
 Chairman on Education and Utilities and Facilities

**HON. ELNA L. TAN**  
 Chairman on Health and Sanitation and Social Services

**HON. DAPHNE M. PRANDAS**  
 SK Chairwoman

**Barangay Clearance**

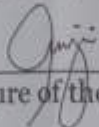
TO WHOM IT MAY CONCERN:

This is to certify that Andrea Mae Sasan, 23 years of age, single a resident of this Barangay particularly at Purok Bayong Centro, Upper Bayong, Inayagan, City of Naga, Cebu, Philippines.

This certifies that as per records available at this office as of the date, he/she was not been accused or convicted of any crime or whatsoever.

This clearance is being issued upon the request of the aforementioned name in connection with his/her application for local employment purpose.

Done this 26<sup>th</sup> day of July, 2024 at Inayagan, City of Naga, Cebu, Philippines.

  
 Signature of the Applicant



Left



Right

**HON. EDILBERTO A. FAT**  
 Barangay Captain

CTC No. \_\_\_\_\_  
 Issued On \_\_\_\_\_  
 Issued At \_\_\_\_\_  
 O.R. No. \_\_\_\_\_  
 Amount Paid \_\_\_\_\_  
 Issued by \_\_\_\_\_

16 months Validity

# Professional Academy of the Philippines

City of Naga, Cebu, Philippines

*To All to Whom These Degrees May Come*

Greetings

Be it known that the Board of Trustees of the Professional Academy of the Philippines, upon the recommendation of the Faculty and in accordance with the rules and regulations prescribed by the Commission on Higher Education (CHED), Republic of the Philippines, has conferred upon

**ANDREA MAE A. SASAN**

Who has satisfactorily completed the course of studies and all other requirements prescribed by this Academy, with the Degree of

**BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY**

S.O. # :50-464108-0077 S.2023 dated 05/15/2023

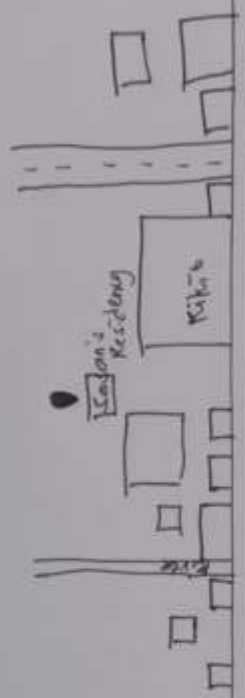
Kasama ang lahat ng karapatan, karangalan at prestisyo, gagananin ang abing gagananin sa pamamagitan  
kanyang mga Bilang pamilyar, nakatawad din ang sagisag ng koleho at ang lagda ng  
Pangulo ng Koleho at Dekano Spresyantal ng Professional Academy of the Philippines,  
sa ika-3 ng Hunyo taong Dalawang Libo't Dalawampung i Tatlo (June 3, 2023).



*Benjie S. Polo*  
BENJIE S. POLO  
REGISTRAR

*Artemio I. Panganiban Jr.*  
DR. ARTEMIO I. PANGANIBAN, JR.  
PRESIDENT & DEAN OF COLLEGE





Naga City City ←

→ Cebu City

General Hospital

Beauty Fresh

Petrol Gasoline Lubrication





BIR Form No. <h1 style="margin:0;">2316</h1> January 2018 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 01/18ENCS
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Fill in all applicable spaces. Mark all appropriate boxes with an "X"

<b>1</b> For the Year (YYYY) <span style="border: 1px solid black; padding: 2px;">2024</span>	<b>2</b> For the Period From (MM/DD) <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">16</span> To (MM/DD) <span style="border: 1px solid black; padding: 2px;">4</span> <span style="border: 1px solid black; padding: 2px;">26</span>
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<b>Part I - Employee Information</b> <b>3</b> TIN <span style="border: 1px solid black; padding: 2px;">637</span> <span style="border: 1px solid black; padding: 2px;">123</span> <span style="border: 1px solid black; padding: 2px;">103</span> <span style="border: 1px solid black; padding: 2px;">000</span> <b>4</b> Employee's Name (Last Name, First Name, Middle Name) <span style="border: 1px solid black; padding: 2px;">Sasan, Andrea Mae Abang</span> <b>5</b> RDO Code <span style="border: 1px solid black; padding: 2px;">081</span> <b>6</b> Registered Address <span style="border: 1px solid black; padding: 2px;">000-000-000</span> <b>6A</b> Zip Code <span style="border: 1px solid black; padding: 2px;"></span> <b>6B</b> Local Home Address <span style="border: 1px solid black; padding: 2px;"></span> <b>6C</b> Zip Code <span style="border: 1px solid black; padding: 2px;"></span> <b>6D</b> Foreign Address <span style="border: 1px solid black; padding: 2px;"></span> <b>7</b> Date of Birth (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">12</span> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">2000</span> <b>8</b> Contact Number <span style="border: 1px solid black; padding: 2px;"></span> <b>9</b> Statutory Minimum Wage rate per day <span style="border: 1px solid black; padding: 2px;"></span> <b>10</b> Statutory Minimum Wage rate per month <span style="border: 1px solid black; padding: 2px;"></span> <b>11</b> <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b> Amount <b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> <b>27</b> Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE <span style="border: 1px solid black; padding: 2px;"></span> <b>28</b> Holiday Pay (MWE) <span style="border: 1px solid black; padding: 2px;"></span> <b>29</b> Overtime Pay (MWE) <span style="border: 1px solid black; padding: 2px;"></span> <b>30</b> Night Shift Differential (MWE) <span style="border: 1px solid black; padding: 2px;"></span> <b>31</b> Hazard Pay (MWE) <span style="border: 1px solid black; padding: 2px;"></span> <b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <span style="border: 1px solid black; padding: 2px;">2,294.44</span> <b>33</b> De Minimis Benefits <span style="border: 1px solid black; padding: 2px;">-</span> <b>34</b> SSS, GSIS, PHIC & Pag-ibig contributions and Union Dues (Employee share only) <span style="border: 1px solid black; padding: 2px;">3,025.00</span> <b>35</b> Salaries & Other Forms of Compensation <span style="border: 1px solid black; padding: 2px;">5,825.00</span> <b>36</b> Total Non-Taxable/Exempt compensation Income (Sum of Items 27 to 35) <span style="border: 1px solid black; padding: 2px;">11,144.44</span> <b>B. TAXABLE COMPENSATION INCOME REGULAR</b> <b>37</b> Basic Salary <span style="border: 1px solid black; padding: 2px;">33,088.77</span> <b>38</b> Representation <span style="border: 1px solid black; padding: 2px;"></span> <b>39</b> Transportation <span style="border: 1px solid black; padding: 2px;"></span> <b>40</b> Cost of Living Allowance (COLA) <span style="border: 1px solid black; padding: 2px;"></span> <b>41</b> Fixed Housing Allowance <span style="border: 1px solid black; padding: 2px;"></span> <b>42</b> Others (Specify) <b>42A</b> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <b>42B</b> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <b>SUPPLEMENTARY</b> <b>43</b> Commission <span style="border: 1px solid black; padding: 2px;"></span> <b>44</b> Profit Sharing <span style="border: 1px solid black; padding: 2px;"></span> <b>45</b> Fees Including Director's Fees <span style="border: 1px solid black; padding: 2px;"></span> <b>46</b> Taxable 13th Month Pay <span style="border: 1px solid black; padding: 2px;">-</span> <b>47</b> Hazard Pay <span style="border: 1px solid black; padding: 2px;"></span> <b>48</b> Overtime Pay <span style="border: 1px solid black; padding: 2px;"></span> <b>49</b> Others (Specify) <b>49A</b> <span style="border: 1px solid black; padding: 2px;">SL CONVERSION</span> <span style="border: 1px solid black; padding: 2px;"></span> <b>49B</b> <span style="border: 1px solid black; padding: 2px;">VL CONVERSION</span> <span style="border: 1px solid black; padding: 2px;"></span> <b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <span style="border: 1px solid black; padding: 2px;">33,088.77</span>
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<b>Part II - Employer Information (Present)</b> <b>12</b> TIN <span style="border: 1px solid black; padding: 2px;">007</span> <span style="border: 1px solid black; padding: 2px;">964</span> <span style="border: 1px solid black; padding: 2px;">541</span> <span style="border: 1px solid black; padding: 2px;">000</span> <b>13</b> Employer's Name <span style="border: 1px solid black; padding: 2px;">VCUSTOMER PHILIPPINES (CEBU), INC.</span> <b>14</b> Registered Address <span style="border: 1px solid black; padding: 2px;">4F JESA IT Center 90 General Maxilom Avenue Cogon Ramos, Cebu</span> <b>14A</b> Zip Code <span style="border: 1px solid black; padding: 2px;">6000</span> <b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	<b>Part III - Employer Information (Previous)</b> <b>16</b> TIN <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <b>17</b> Employer's Name <span style="border: 1px solid black; padding: 2px;"></span> <b>18</b> Registered Address <span style="border: 1px solid black; padding: 2px;"></span> <b>18A</b> Zip Code <span style="border: 1px solid black; padding: 2px;"></span>
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<b>Part IVA - Summary</b> <b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <span style="border: 1px solid black; padding: 2px;">44,233.21</span> <b>20</b> Less: Total Non-Taxable/Exempt compensation Income from Present Employer (From Item 36) <span style="border: 1px solid black; padding: 2px;">11,144.44</span> <b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <span style="border: 1px solid black; padding: 2px;">33,088.77</span> <b>22</b> Add: Taxable Compensation Income from Previous Employer <span style="border: 1px solid black; padding: 2px;">-</span> <b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <span style="border: 1px solid black; padding: 2px;">33,088.77</span> <b>24</b> Tax Due <span style="border: 1px solid black; padding: 2px;">-</span> <b>25</b> Amount of Taxes Withheld <b>25A</b> Present Employer <span style="border: 1px solid black; padding: 2px;">-</span> <b>25B</b> Previous Employer <span style="border: 1px solid black; padding: 2px;">-</span> <b>26</b> Total Amount of Taxes Withheld As Ad Sum of Items 25A and 25B) <span style="border: 1px solid black; padding: 2px;">-</span>	<b>49</b> Others (Specify) <b>49A</b> <span style="border: 1px solid black; padding: 2px;">SL CONVERSION</span> <span style="border: 1px solid black; padding: 2px;"></span> <b>49B</b> <span style="border: 1px solid black; padding: 2px;">VL CONVERSION</span> <span style="border: 1px solid black; padding: 2px;"></span> <b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <span style="border: 1px solid black; padding: 2px;">33,088.77</span>
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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 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.

<b>51</b> <span style="border: 1px solid black; padding: 2px;">MORRIS F. QUILONDRINO</span> Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>
<b>CONFORME:</b> <b>52</b> <span style="border: 1px solid black; padding: 2px;">Sasan, Andrea Mae Abang</span> Employee Signature Over Printed Name	Date Signed <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>
CTC No. / Valid ID of Employee <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>	Date Signed <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span>

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. <b>53</b> <span style="border: 1px solid black; padding: 2px;">MORRIS F. QUILONDRINO</span> 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 am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended. <b>59</b> <span style="border: 1px solid black; padding: 2px;">Sasan, Andrea Mae Abang</span> Employee Signature Over Printed Name
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)