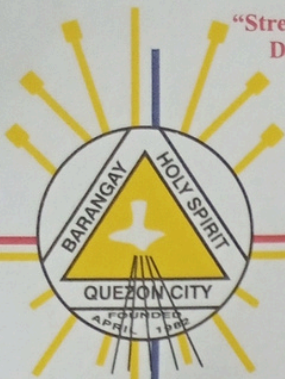


"Strength in Spirit
Dedication to Service."

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Quezon City

BARANGAY HOLY SPIRIT

Office of the Barangay Council



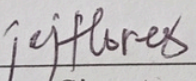
CERTIFICATE OF INDIGENCY

TO WHOM IT MAY CONCERN:

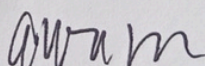
This is to certify that **JEMALYN JESALVA FLORES**, of legal age, female, married, Filipino citizen, with residence at **#Blk 4 Lot 24 Isidora St., Barangay Holy Spirit, Quezon City**, whose specimen signature appears below, is an **INDIGENT** and she/he has visibly no money, property or means of livelihood sufficient and available for daily food, shelter and basic necessities for himself and his family.

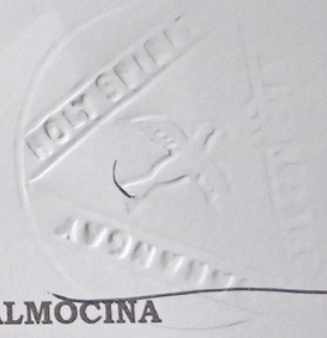
This Certification is being issued upon the request of the above-named for **Scholarship Application** for her/his daughter **AKISHA MIKHEL JESALVA FLORES**.

Issued this **6th of September 2024** at Barangay Holy Spirit, Quezon City, Philippines.



Specimen Signature


HON. ESTRELLA C. VALMOCINA
Punong Barangay

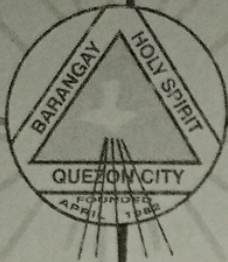
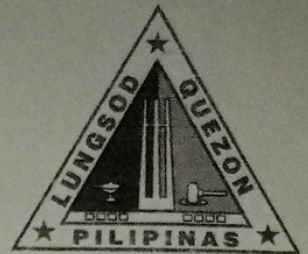


*JIMBOY

2016 HALL OF FAME AWARDEE
BARANGAY SEAL OF GOOD HOUSEKEEPING
Gawad Dangal ng Lungsod Quezon
Barangay Government Complex, Faustino St., Isadora Hills
Tel. Nos. 430-8723 / 287-8248 / 431-1663 / 951-7184 Main / 951-4256 / 428-7308 Annex

"Strength in Spirit
Dedication to Service."

Republic of the Philippines
Quezon City



BARANGAY HOLY SPIRIT
Office of the Barangay Council

CERTIFICATE OF INDIGENCY

TO WHOM IT MAY CONCERN:

This is to certify that **AKISHA MIKHEL JESALVA FLORES**, of legal age, female, single, Filipino citizen, with residence at **#292 Army Road., Barangay Holy Spirit, Quezon City**, whose specimen signature appears below, is an **INDIGENT** and she/he has visibly no money, property or means of livelihood sufficient and available for daily food, shelter and basic necessities for himself and his family.

This certification is being issued upon the request of the above-named person in support of his/her request for **Scholarship Assistance**.

Issued this **5th day of August 2024** at Barangay Holy Spirit, Quezon City, Philippines.

Specimen Signature

HON. ESTRELLA C. VALMOCINA
Punong Barangay



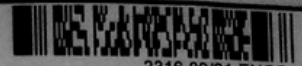
BIR Form No.

2316

September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 09/21 ENCS

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

1 For the Year (YYY) **2023**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I - Employee Information

3 TIN **236 559 051 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **FLORES, MICHAEL OLIVO**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

5 RDO Code **028**

6 Registered Address **30 ISIDORA ST., HOLY SPIRIT QUEZON CITY, 1127**

Amount

29 Basic Salary (Including the exempt P250,000 & be or the Statutory Minimum Wage of the MWE) **130,650.04**

30 Holiday Pay (MWE) **0.00**

31 Overtime Pay (MWE)

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

33 Hazard Pay (MWE) **0.00**

34 13th Month Pay and Other Benefits (maximum of P90,000) **28,463.32**

35 De Minimis Benefits **12,669.82**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **0.00**

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

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **171,783.18**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **08 07 1982**

8 Telephone Number

9 Statutory Minimum Wage rate per day **610.00**

10 Statutory Minimum Wage rate per month **15,910.83**

11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 Taxpayer **004 447 017 0000**

13 Employer's Name **SILVER STAR RESOURCES CO., INC.**

14 Registered Address **230 DON PEDRO KAPALARAN SUBD. HOLY SPIRIT**

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary **0.00**

40 Representation

41 Transportation

42 Cost of Living Allowance (COLA)

43 Fixed Housing Allowance

44 Others (Specify)

44A **0.00**

44B

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

SUPPLEMENTARY

45 Commission

46 Profit Sharing

47 Fees Including Director's Fees

48 Taxable 13th Month Pay Benefits **0.00**

49 Hazard Pay

50 Overtime Pay

51 Others (Specify)

51A

51B

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **0.00**

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **171,783.18**

20 Less: Total, Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **171,783.18**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **0.00**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer **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 (sum of items 26 and 27) **0.00**

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

51 **MARY ANN T. PAPIO**
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

52 **MICHAEL OLIVO FLORES**
Employee Signature Over Printed Name

Date Signed

Amount Paid, if CTC

CTC/Valid ID No. of Employee **_____** Place of Issue **_____**

Date of Issue

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C 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 Returns (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.

53 **MARY ANN T. PAPIO**
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 **MICHAEL OLIVO FLORES**
Employee Signature Over Printed Name