CONTRACT OF SERVICE

Data Controller III

This Contract of Service is made and executed by and between Mindanao State University-Iligan Institute of Technology, represented by its Chancellor, **ALIZEDNEY M. DITUCALAN** hereunder referred to as the FIRST PARTY and **VIRGILIO S. LUZANA** of legal age and a resident of Iligan City hereinafter referred to as the SECOND PARTY.

WITNESSETH

That the FIRST PARTY and the SECOND PARTY in consideration of the mutual covenant and agreements made here, by these presents enter into a Contract of Service, whereby the FIRST PARTY hires and employs the SECOND PARTY as <u>Data Controller III</u> in the Office of <u>Monitoring and Evaluation</u>, on the following conditions and terms, to wit:

- The said SECOND PARTY signifies his/her intent which was considered by FIRST PARTY and agrees to give her/his undivided time and service in the employ of the FIRST PARTY for the period of September 15 – December 31, 2024, for the sum ₱_1,227.27_ per day charged against Institute Funds;
- 2. That the SECOND PARTY is entitled to additional premium pay of P2,500.00 per month;
- 3. The said SECOND PARTY possesses the education, experience, and skills to perform the job or services required;
- That the services which the SECOND PARTY will perform are those which cannot be performed by regular personnel of the Institute, unless necessary in the exigency of service;
- That the SECOND PARTY shall do and perform all such services and shall act properly and accordingly pertaining to the duties and responsibilities as mandated by his/her directed supervisor;
- That the SECOND PARTY is not entitled to benefits enjoyed by government employees such as PERA, ACA, RATA, and other benefits such as mid-year bonuses, productivity incentives, Christmas bonuses, and cash gifts;
- 7. That it is understood that this contract does not create an employer-employee relationship between the FIRST PARTY and the SECOND PARTY; that the services rendered shall NOT be considered and will not be accredited as government service, hence NOT covered by the Civil Service Commission instead by Commission on Audit rules and regulations; and
- That if the SECOND PARTY shall fail to observe or comply with the conditions and stipulations imposed upon him/her, herein FIRST PARTY may terminate the contract with due notice.

| of at Iligan City, Philippines | anto affixed their signature thisda |
|---|--|
| VIRGILIO S. LUZANA Second Party ID: K12 - 98 - 007 338 | ALIZEDNEY M. DITUCALAN Chancellor ID: |
| Signed in the pro | esence of: |
| YASLANI B. BANTUAS Vice-Chancellor for Admin. & Finance ACKNOWLED | EMELYN R. MORDENO Chief Administrative Officer, HRMD |

at Iligan City, Philippines, personally appeared the parties mentioned above and showing their exhibited identifications: known to me and to me known to be the same persons who executed the foregoing Contract, and who acknowledged to me: that the signatures on said instrument or document were voluntarily affixed by them for the purpose stated in the instrument or document as their free and voluntary act and deed; that the said instrument or document is their true act and deed, or of the true act and deed of the entity they represent; and that they have the authority to sign in their own account, or in their particular representative capacity.

IN WITNESS WHEREOF, I have set my hand and affixed my seal on the date and place first above mentioned.

Doc. No. 174; Page No. 25; Book No. 25; Series of 2024 ATTY. CHER HUSZEN B. MANAROS, CPA

NYARY PUBLIC

DIVIL DECEMBER 31, 2024

ROLL OF ATTORNEY NO. 79165

PTR NO. 1245137 / 01 '03 '24

IBP NO. 403524 / 01 '05 '24

Notarial Commission Serial No. 51-441

Email pil americanaros@gmail.com

3/F. B & B EMIR. Roxas Ave., Mahayanay, Iligan City

INCOME PAYEE'S SWORN DECLARATION OF GROSS RECEIPTS/SALES (For Self-Employed and/or Engaged in the Practice of Profession with Lone Income Payor)

| I, _ | VINGRIO S. LUZANA | + ILIPINO . | of legal age, single/ married to | |
|-----------------------------|---|--|----------------------------------|--|
| | LOTIZA D. PINO | (Citizenship) | HAG . CACAYAN | |
| | PE ORO CATY | | | |
| Taxpayer Ide | entification Number (TIN) 225 - 608 - 88 | (Address) | sworn in accordance with lay | |
| | | r, and having been duly | sworn in accordance with lav | |
| hereby depos | | | | |
| 1. | That I derived my | only from MSU - 11T | David David | |
| | with Taxpayer Identification Number | (Name of Lone Payor) ayer Identification Number and business address at | | |
| | ANDRES BONIFACIO, TIBA | JEA, ILIGAN CITY 920 | 00 | |
| 2. | | | | |
| | Graduated Income Tax Rates under Section 24d income. With this selection, I acknowledge creditable withholding tax; subject to percentage returns or subject to withholding percentage tax | hat I am subject to 0% income tax, the tax, if applicable, and will file the requi | nus, not subject to | |
| | ☐ Eight Percent (8%) income tax rate under Se gross receipts/sales and other non-operating in the graduated income tax rates and the Percenthus, no withholding tax shall be made; | come - with this selection, I understand the | nat this is in lieu of | |
| 3. | 3. That based on my selection above, if my gross sales/receipts and other non-operating income exceeds \$\mathbb{P}250,000 over \$\mathbb{P}3,000,000.00\$, my afore-stated lone income payor shall automatically withhold the prescribed rate of withhold. | | | |
| | In case of Graduated Income Tax Rates, I a business tax (Percentage Tax, if applicable P250,000.00, and business tax withholding, if a | and creditable withholding of inco | me in excess of | |
| | b. In case of Eight Percent (8%) income tax rate thus, to the creditable withholding income tax in | , I acknowledge that I am only subject a excess of P250,000.00; | to income tax and | |
| 4. | That I duly execute this SWORN DECLARATION Revenue Regulations No; | n compliance with the requirement pres | cribed under Section o | |
| 5. | That I declare, under the penalties of perjury, that the knowledge and belief to be true and correct. | is declaration has been made in good | faith, and to the best of my | |
| INV | WITNESS WHEREOF, I have hereunto set my hand the | is 8th day of Dolobon, 2024 at | likan , Philippines | |
| | , | M and of <u>June 1</u> , 2017 at | , r minppines | |
| | | VIR GILIO/8 | LUZANA | |
| | | Signature over Printed Name of Inc | lividual Taxpayer | |
| SUE | SSCRIBED AND SWORN to before me this da | y of . 20 in | | |
| Applicant | exhibited to me his/her | issued at | on | |
| | (Government Issued ID and No.) | 10 | | |
| Doe No.: | 25 A | NOTARY PUBLIC MOOS C | PA | |
| age No.: | 5 | NOTARY PUBLIC | | |
| eries of 20 | na | UNTIL DECEMBER 31, 2024 ROLL OF ATTORNEY NO. 79165 | | |
| Affix ₱30.00 Documentary | | PTR NO: 4245137 / 01/03/24 IBP NO: 493524 / 01/05/24 | | |
| Stamp Tax | | Notarial Commission Serial No. 5J-441 | | |
| | 3 | Email: atts.amer.magares@gmall.com E BAR Dide: Releases Alaba adapt Magaz City | | |
| | (To be filled-out by the with | holding agent/lone payor) | | |
| Date Received | d: Received I (MM-DD-YYYY-00001) | y: | | |
| | - | Signature over Printed Name of the Withholding Agent/Pay | or or Authorized Officer | |
| | | | 740 | |
| | | Designation/Position of Authorized Off | icer | |
| | | Name of Withholding Agent/Lone Pay | or | |