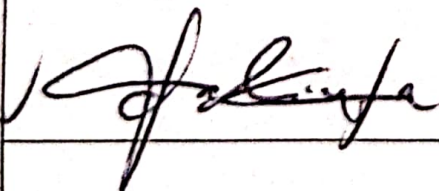







<b>COMMUNITY TAX CERTIFICATE</b>		<b>INDIVIDUAL</b>		<b>CCI201808004026</b>	
YEAR 20 19	PLACE OF ISSUE (City /Mun./ Prov.) STA. MARIA VILLAGE	DATE ISSUED 02, 14, 19		<b>TAXPAYER'S COPY</b>	
NAME (SURNAME) <b>MATUPIO</b> (FIRST) <b>DIANNA</b> (MIDDLE) <b>ROSE C</b>		TIN (If Any): [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ][ ]			
ADDRESS <b>BLOCK 41 STA. MARIA VILLAGE</b>		SEX: <input type="checkbox"/> 1 MALE <input checked="" type="checkbox"/> 2 FEMALE			
CITIZENSHIP <b>FIL</b>	ICR NO. (If an Alien)	PLACE OF BIRTH <b>DATANGAS CITY</b>		HEIGHT	
CIVIL STATUS <input type="checkbox"/> 1 Single <input checked="" type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widow/ Widower/ Legally Separated <input type="checkbox"/> 4 Divorced	DATE OF BIRTH <b>10-5-1982</b>		WEIGHT		
PROFESSION / OCCUPATION / BUSINESS		TAXABLE AMOUNT		COMMUNITY TAX DUE	
A. BASIC COMMUNITY TAX (P5.00) Voluntary or Exempted (P1.00)				P 5	
B. ADDITIONAL COMMUNITY TAX (Tax not to exceed P5,000.00)					
1. GROSS RECEIPTS OR EARNINGS DERIVED FROM BUSINESS DURING THE PRECEDING YEAR ( P1.00 for every P 1,000.00 )		P		45	
2. SALARIES OR GROSS RECEIPT OR EARNINGS DERIVED FROM EXERCISE OF PROFESSION OR PURSUIT OF ANY OCCUPATION ( P1.00 for every P 1,000 )					
3. INCOME FROM REAL PROPERTY ( P1.00 for every P 1,000 )					
<b>Right Thumb Print</b>	TAXPAYER'S SIGNATURE 	TOTAL		P 50	
		INTEREST			
		TOTAL AMOUNT PAID		P 50-	
		(In words): <b>FIFTY PESOS ONLY</b>			
		MUNICIPAL / CITY TREASURER 			



SOCIAL SECURITY SYSTEM  
**MATERNITY BENEFIT REIMBURSEMENT APPLICATION**  
**ACKNOWLEDGEMENT STUB**

SS NUMBER/COMMON REFERENCE NO. (IF ANY)		NAME		(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
09150631918		MARIA		MARINO	MARIA	KUC	
DATE OF DELIVERY/ MISCARRIAGE/PROCEDURE (MMDDYYYY)		RECEIVED BY		SIGNATURE OVER PRINTED NAME		DATE & TIME	
				MARIA KUC		MAY 23 2019	
				[Signature]		BRANCH	