

Certificate of COC Earned

This certificate entitles APIGO TERRY JOHN Y to **27.28** hours of Compensatory Overtime Credits.



ALFREDO ALEW

Administrative Officer IV

Date Issued: February 2013


March 2013


Valid Until: February 2014

March 2014

85012 – APIGO, TERRY JOHN Y

No. of hours Earned COC/s Beginning Balance	Date of CTO	Used COCs	Remaining COCs	Remarks
27.28	February 11, 2014 ^{PM}	4	23.28	f > 12/2/14
23.28	February 19, 2014	8	15.28	

Approved by:

ALFREDO A. ALEW
OIC - MISD
Date:

Claimed:

MA THERESA C. FERAREN
SAO - HRMD
Date:

Certificate of COC Earned

This certificate entitles APIGO TERRY JOHN Y to 7.28 hours of Compensatory Overtime Credits.


ALFREDO ALEW

Administrative Officer IV

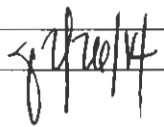


Date Issued: February 2013

March 2013

Valid Until: February 2014

March 2014

85012 – APIGO, TERRY JOHN Y

No. of hours Earned COC/s Beginning Balance	Date of CTO	Used COCs	Remaining COCs	Remarks
15.28	February 25, 2014	8	7.28	
<div>Approved by:  ALFREDO A. ALEW OIC - MISD Date:</div> <div>Claimed:  MA THERESA C. FERAREN SAO - HRMD Date:</div>				

Certificate of COC Earned

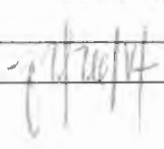
This certificate entitles APIGO TERRY JOHN Y to 15.28 hours of Compensatory Overtime Credits.

ALFREDO ALEW

Administrative Officer IV

Date Issued: February 2013
March 2013
Valid Until: February 2014
March 2014

85012 – APIGO, TERRY JOHN Y

No. of hours Earned COC/s Beginning Balance	Date of CTO	Used COCs	Remaining COCs	Remarks
15.28	February 25, 2014	8	7.28	
<div>Approved by: ALFREDO A. ALEW OIC - MISD Date:</div> <div>Claimed: MA THERESA C. FERAREN SAO - HRMD Date:</div>				

Certificate of COC Earned

This certificate entitles **APIGO TERRY JOHN Y** to **27.28** hours of Compensatory Overtime Credits.




ALFREDO ALEW

Administrative Officer IV

Date Issued: February 2013
March 2013
Valid Until: February 2014
March 2014

85012 – APIGO, TERRY JOHN Y

No. of hours Earned COC/s Beginning Balance	Date of CTO	Used COCs	Remaining COCs	Remarks
27.28	February 11, 2014 ^{PM}	4	23.28	/ 12/2/14
23.28	February 19, 2014	8	15.28	


Approved by:

ALFREDO A. ALEW
OIC - MISD
Date:

Claimed:

MA THERESA C. FERAREN
SAO - HRMD
Date:

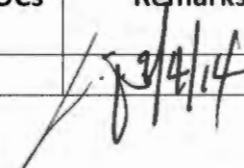
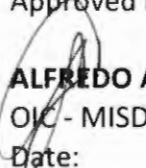
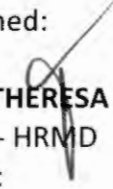
Certificate of COC Earned

This certificate entitles APIGO TERRY JOHN Y to **44.78** hours of Compensatory Overtime Credits. 37.5 + 7.28


ALFREDO ALEW
Administrative Officer IV

Date Issued: March 2013
Valid Until: March 2014

85012 – APIGO, TERRY JOHN Y

No. of hours Earned COC/s Beginning Balance	Date of CTO	Used COCs	Remaining COCs	Remarks
44.78 /	March 3, 2014 pm	4	40.78 /	
<div>Approved by:  ALFREDO A. ALEW OIC - MISD Date:</div> <div>Claimed:  MA THERESA C. FERAREN SAO - HRMD Date:</div> <div style="text-align: right;">321</div>				

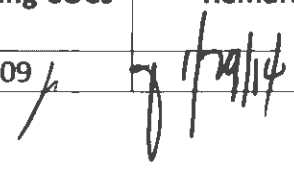


Certificate of COC Earned

This certificate entitles **APIGO TERRY JOHN Y** to **13.09** hours of Compensatory Overtime Credits.


ALFREDO ALEW
Administrative Officer IV

Date Issued: January 2013
Valid Until: January 2014

85012 – APIGO, TERRY JOHN Y

No. of hours Earned COC/s Beginning Balance	Date of CTO	Used COCs	Remaining COCs	Remarks
13.09	January 22, 2014	8	5.09	
<div>Approved by:  ALFREDO A. ALEW AO IV Date:</div> <div>Claimed:  MA THERESA C. FERAREN HRMD Date:</div>				



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

1 For the Year (YYYY) 2013		2 For the Period From (MM/DD) 01/01 To (MM/DD) 12/31	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 944 892 802 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) APIGO, TERRY JOHN YADAO		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 003		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address 6A Zip Code		33 Holiday Pay (MWE) 33	
6B Local Home Address 6C Zip Code		34 Overtime Pay (MWE) 34	
6D Foreign Address 6E Zip Code		35 Night Shift Differential (MWE) 35	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number		36 Hazard Pay (MWE) 36	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married		37 13th Month Pay and Other Benefits 37 10,999.98	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		38 De Minimis Benefits 38 0.00	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 12,107.50	
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation 40 0.00	
13 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt Compensation Income 41 23,107.48	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II Employer Information (Present)		42 Basic Salary 42 90,574.09	
15 Taxpayer Identification No. 000 541 311 0000		43 Representation 43	
16 Employer's Name PROVINCIAL GOVERNMENT OF LA UNION		44 Transportation 44	
17 Registered Address 17A Zip Code		45 Cost of Living Allowance 45	
AGUILA RD BRGY II CSF LU 2500		46 Fixed Housing Allowance 46	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		47 Others (Specify)	
Part III Employer Information (Previous)		47A 47A 0.00	
18 Taxpayer Identification No.		47B 47B	
19 Employer's Name		SUPPLEMENTARY	
20 Registered Address 20A Zip Code		48 Commission 48	
Part IV-A Summary		49 Profit Sharing 49	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 113,681.57		50 Fees Including Director's Fees 50	
22 Less: Total Non-Taxable/Exempt (Item 41) 23,107.48		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 90,574.09		52 Hazard Pay 52	
24 Add: Taxable Compensation Income from Previous Employer		53 Overtime Pay 53	
25 Gross Taxable Compensation Income 90,574.09		54 Others (Specify)	
26 Less: Total Exemptions 50,000.00		54A 54A	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00		54B 54B	
28 Net Taxable Compensation Income 40,574.09		55 Total Taxable Compensation Income 55 90,574.09	
29 Tax Due 4,086.11			
30 Amount of Taxes Withheld 30A Present Employer 4,086.11			
30B Previous Employer 30B			
31 Total Amount of Taxes Withheld As adjusted 31 4,086.11			
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.			
56 JOLY B. BALANCIO Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
CONFORME: 57 TERRY JOHN YADAO APIGO CTC No. Employee Signature Over Printed Name		Date Signed	
of Employee Place of Issue		Date of Issue	
To be accomplished under substituted filing		Amount Paid	
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.			
58 JOLY B. BALANCIO 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.	
59 TERRY JOHN YADAO APIGO Employee Signature Over Printed Name			

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
emma apigo	MOTHER	Head Teacher II	DEPT OF EDUCATION
JEFFERSON apigo	SIBLING	POI	PNP
RONNIE CASTILES SR	UNCLE		MUNICIPALITY OF BAWANG
RONNIE CASTILES JR	COUSIN	CLERK	MTc - BAWANG
Abtemio yadao	UNCLE	PROV CAPTAIN	BAWANG SUR

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: JANUARY 10, 2014

(Signature of Declarant)

(Signature of Co-Declarant/ Spouse)

Government Issued ID: PGLU
ID No.: 88012
Date Issued: JULY 1, 2013

Government Issued ID:
ID No.:
Date Issued:

CTC # : 21540445
Issued at : CITY OF SM FDO
Issued on : JANUARY 2, 2014

SUBSCRIBED AND SWORN to before me this 15 day of June 2014, affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)

As of DECEMBER 31, 2013
(Required by R.A. 6713)

☐ Joint Filing ☐ Separate Filing ☒ Not Applicable

OFFICE ADDRESS: _____

$$N/A$$

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