



Automate. Analyze. Decide. **NOW**

Conventional and stock HR Information Systems face multiple challenges in today's fast paced working environment. There can be problems with HR reports, accuracy issues with payroll, long computation of payroll, missed documents with respect to BIR reporting and other compliances.

AHORA HRIS has been developed, to bring up to date and up to speed, the HR Information system. **Any information is available real-time.** The system is not just a recorder but also an enabler. It is non-intrusive, and will be aligned with the user's work activities. Simplified and targeted menus mean only relevant info is displayed. **Any feature or function can be customized.** It can be integrated with existing assets, to extend serviceability, or be used as the sole system. It is locally developed and maintained. Nothing imported or outsourced, no need for external dependencies. AHORA HRIS is a powerful and flexible solution to meet your business needs.



AHORA SELF-SERVICE

- ✓ Time-in/Time-out
- ✓ Filing of Leaves, OT, Official Business
- ✓ Approval of Leaves, OT , Official Business
- ✓ Online viewing of Payslips



AHORA 201 FILES

- ✓ General Information
- ✓ Employment Record
- ✓ Documents
- ✓ Trainings Attended



AHORA PAYROLL

- ✓ Quick report generation
- ✓ Easier verification of TRAIN Law effect on an annual basis
- ✓ Data is seamlessly integrated from timekeeping to payroll.



AHORA TIMEKEEPING

- ✓ Automated timekeeping
- ✓ Faster computation of billable hours
- ✓ Eliminate inconsistencies in manual inputs



AHORA PAYROLL REPORTS

- | | |
|---------------------------|------------------------------|
| ✓ BIR 2316 | ✓ Alphalist schedule 1 and 2 |
| ✓ Payroll Register | |
| ✓ Monthly Payroll Summary | ✓ Government Mandated |
| ✓ 13th month Register | |



AHORA TIMEKEEPING REPORTS

- ✓ Leave Summary
- ✓ Overtime Summary
- ✓ Official Business Summary
- ✓ Timekeeping Detailed Summary
- ✓ Absences, Undertime, Tardiness Summary



AHORA RECRUITMENT

- | | |
|--------------------------|-----------------------------|
| ✓ Personnel Requisition | ✓ Document / Orientation |
| ✓ Application Form | ✓ Endorsement to Department |
| ✓ Exam/ Interview Result | ✓ Job Offer |



AHORA REIMBURSEMENT AND LIQUIDATION

- ✓ Account balance
- ✓ Filing of reimbursement
- ✓ Approval of reimbursement
- ✓ Uploading of advances by the company

NAME : HOWARD, REGINA		CUTOFF : 04/11/2023 TO 04/25/2023			
CLIENT : EXCENT ONE		Payslip			
EARNINGS		DEDUCTIONS		STATISTICS	
DAYS/HOURS		AMOUNT		LEAVE BALANCE	
WORKED	104.00	21,500.00	ABSENCES	0.00	VACATION LEAVE 0.00
ECOLA		0.00	LATES	0.00	SICK LEAVE 0.00
VACATION LEAVE	0.00	0.00	UNDERTIME	0.00	OTHER LEAVE 0.00
SICK LEAVE	0.00	0.00	MANDATORY DEDUCTIONS		LOAN BALANCE
OTHER LEAVE	0.00	0.00	SSS	157.50	SSS 0.00
OVERTIME	0.00	0.00	HDMF	0.00	SSS CALAMITY 0.00
ND	0.00	0.00	PHIC	322.50	HDMF 0.00
ND OT	0.00	0.00	TAX	2,338.25	HDMF CALAMITY 0.00
RD/SP	0.00	0.00	LOAN/OTHER DEDUCTIONS		COMPANY 0.00
SP REST	0.00	0.00	SSS LOAN	0.00	OTHER 0.00
LEGAL	0.00	0.00	SSS CALAMITY LOAN	0.00	
LEGAL REST	0.00	0.00	HDMF LOAN	0.00	
DEMINIMIS	0.00	0.00	HDMF LOAN CALAMITY	0.00	
SALARY ADJ.	0.00	0.00	COMPANY LOAN	0.00	
OTHER EARNINGS		OTHER LOAN	0.00		
AMOUNT		OTHER DEDUCTIONS	0.00	NET PAY	
TAXABLE	0.00			REF/PAYABLE	0.00
NON TAXABLE	0.00			TAKE HOME	18,681.75
TOTAL EARNINGS	21,500.00	TOTAL DEDUCTIONS	2,818.25	SIGNATURE	

PhilHealth Register

EXCENT ONE
PHILHEALTH REGISTER REPORT
FOR THE MONTH OF APRIL 2023
EMPLOYER PHIC NO. : 11-11111111-1
USER : LOPEZ, DENNIS
DATE : 04/30/2024 02:41 PM

EMPLOYEE NAME	PHIC NO	PHIC-EE	PHIC-ER	TOTAL
HOWARD, REGINA	n/a	645.00	645.00	1,290.00
MATA, JALEN	n/a	315.00	315.00	630.00
MENDEZ, GRACE	n/a	900.00	900.00	1,800.00
TOTAL		1,860.00	1,860.00	3,720.00

HDMF Register

EXCENT ONE
HDMF REGISTER REPORT
FOR THE MONTH OF APRIL 2023
EMPLOYER HDMF NO. : 1111-1111-1111
USER : LOPEZ, DENNIS
DATE : 04/30/2024 02:40 PM

EMPLOYEE NAME	HDMF NO	HDMF-EE	HDMF-ER	TOTAL
HOWARD, REGINA	n/a	100.00	100.00	200.00
MATA, JALEN	n/a	100.00	100.00	200.00
MENDEZ, GRACE	n/a	100.00	100.00	200.00
TOTAL		300.00	300.00	600.00

Government Mandated Report

EXCENT ONE
GOVERNMENT MANDATED REPORT
FOR THE MONTH OF APRIL 2023
USER : LOPEZ, DENNIS
DATE : 04/30/2024 02:39 PM

EMPLOYEE NAME	SSS	HDMF	PHIC	TOTAL
HOWARD, REGINA	1,125.00	100.0000	645.0000	1,870.00
MATA, JALEN	945.00	100.0000	315.0000	1,360.00
MENDEZ, GRACE	1,125.00	100.0000	900.0000	2,125.00
TOTAL	3,195.00	300.00	1,860.00	5,355.00

Withholding Tax Register

EXCENT ONE
WITHHOLDING TAX REGISTER REPORT
FOR THE MONTH OF APRIL 2023
EMPLOYER TIN. : 111-111-111-1111

EMPLOYEE NAME	TIN	WAGES	OT	ECOLA	OTHER TAXABLE	DEMINIMIS	NON TAXABLE	13TH MONTH	SEPARATION PAY	GROSS	CONTRIBUTION	W/ TAX	NET INCOME
HOWARD, REGINA	n/a	43,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43,000.00	1,870.00	4,449.00	36,681.00
MATA, JALEN	n/a	21,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,000.00	1,360.00	0.00	19,640.00
MENDEZ, GRACE	n/a	68,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,000.00	2,125.00	10,649.27	55,225.73
TOTAL		132,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	132,000.00	5,355.00	15,098.27	111,546.73



AHORA ADVANCES TO SALARY

- ✓ Base loan type
- ✓ Computation of loan amount
- ✓ Computation of interest
- ✓ Total payable, principal and interest

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. 2316
September 2012 (REVISED)

Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

For BIR Use Only

2316

1 For the Year (YYYY) 2023 2 For the Period (MM/DD/YYYY) 01 01 000000 12 31

Part I - Employee Information

1 TIN 214 3 R/A 4 EMPLOYER'S NAME (Last Name, First Name, Middle Name) 5 EMPLOYER'S ADDRESS (Street, City, Province, Zip Code) 6 EMPLOYER'S PHONE NUMBER 7 EMPLOYER'S FAX NUMBER 8 EMPLOYER'S E-MAIL ADDRESS 9 EMPLOYER'S WEBSITE 10 EMPLOYER'S BUSINESS TYPE 11 EMPLOYER'S BUSINESS ADDRESS 12 EMPLOYER'S BUSINESS PHONE NUMBER 13 EMPLOYER'S BUSINESS FAX NUMBER 14 EMPLOYER'S BUSINESS E-MAIL ADDRESS 15 EMPLOYER'S BUSINESS WEBSITE 16 EMPLOYER'S BUSINESS TYPE 17 EMPLOYER'S BUSINESS ADDRESS 18 EMPLOYER'S BUSINESS PHONE NUMBER 19 EMPLOYER'S BUSINESS FAX NUMBER 20 EMPLOYER'S BUSINESS E-MAIL ADDRESS 21 EMPLOYER'S BUSINESS WEBSITE

Part II - Compensation Information

22 Gross Compensation Income (Sum of Items 23 to 27) 23 Basic Salary 24 Hazard Pay 25 Separation Pay 26 Other Compensation 27 Total Taxable Compensation Income (Sum of Items 23 to 27)

Part III - Tax Withholding Information

28 Total Tax Withheld (Sum of Items 29 to 31) 29 Income Tax 30 Social Tax 31 Other Tax

Part IV - Summary

32 Gross Compensation Income (Sum of Items 23 to 27) 33 Total Tax Withheld (Sum of Items 29 to 31) 34 Net Compensation Income (Sum of Items 32 and 33)

Part V - Signature and Stamp

35 Signature of Employer/Authorized Agent 36 Date Signed 37 Signature of Employee 38 Date Signed 39 Signature of Taxpayer 40 Date Signed

Part VI - Remarks

41 Remarks

SSS Register

EXCENT ONE INC.
SSS REGISTER REPORT
FOR THE MONTH OF APRIL 2023
EMPLOYER SSS NO. : 23-4234234-2
USER : LOPEZ, DENNIS
DATE : 04/30/2024 02:40 PM

EMPLOYEE NAME	SSS NO	SSS-EE	SSS-ER	TOTAL	EC
CRUZ, NAMINE SAMPLE	123456	0.00	0.00	0.00	0.00
TOTAL		0.00	0.00	0.00	0.00

Alphalist Schedule (1604C)

ALPHABETICAL LIST OF EMPLOYEES/PAYEES FROM WHOM TAXES WERE WITHHELD													
Schedule 1 - Alphalist of Employees (Declared and Certified using BIR Form No. 2316)													
P R E S E N T E M P L O Y E R													
NAME OF EMPLOYEES				PERIOD OF EMPLOYMENT				NON TAXABLE/EXEMPT				TAXABLE	
Seq No.	Last Name	First Name	Middle Name	Nationality (or Foreigner only)	Current Employment Status	FROM (MM/DD)	TO (MM/DD)	Reason of Separation (if applicable)	Gross Compensation Income (present employee)	13th Month Pay & Other Benefits	De Minimis Benefits	SSS, GSIS, PHIC, HDMF Contributions and Union Dues (employee share only)	Total Non Taxable/Exempt Compensation Income (present employee)
1	ACKIN	AFRON		P	01/01	12/31			32,480.00	0.00	0.00	1,489.38	0.00
2	HOWARD	REGINA		P	01/01	12/31			203,688.00	0.00	0.00	7,355.96	0.00
3	MATA	JALEN		P	01/01	12/31			94,728.18	500.00	0.00	6,657.21	0.00
4	MENDEZ	GRACE		P	01/01	12/31			282,718.02	500.00	0.00	8,000.00	0.00
5	MENDEZ	GRACE	FIN	CP	01/01	12/31			17,648.38	0.00	0.00	1,152.24	0.00
TOTALS									631,271.45	1,000.00	0.00	24,154.79	0.00
Current Employment Status:				REGULAR (R)				CASUAL (C)				CONTRACTUAL/PROJECT-BASED (CP)	
R - Regular				C - Casual				CP - Contractual/Project-Based				SEASONAL (S)	
S - Seasonal				P - Probationary				AP - Apprentices/Trainees				PROBATIONARY (P)	
AP - Apprentices/Trainees												APPRENTICES/LEARNERS (AL)	

EXCENT ONE
WITHHOLDING TAX REGISTER REPORT
FOR THE MONTH OF APRIL 2023
EMPLOYER TIN. : 111-111-111-1111
USER : LOPEZ, DENNIS
DATE : 04/30/2024 02:41 PM



R-1A

SSSR1A

Republic of the Philippines
SOCIAL SECURITY SYSTEM
EMPLOYMENT REPORT

COV. 61229(12-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

PLEASE READ THE INSTRUCTION AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

EMPLOYER ID NUMBER 08-0808080-8		EMPLOYER NAME EXCENT ONE INC.		TYPE OF EMPLOYER <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOUSEHOLD		TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> SUBSEQUENT		
ADDRESS (RN, R/R, UNIT NO. & BLDG. NAME) #1506 CITYLAND 10 TOWER 2 156 H. V. DELA COSTA ST., BEL-AIR MAKATI CITY		(STREET NAME) DELA COSTA ST.		(SUBDIVISION) BEL-AIR	(BARANGAY/DISTRICT/LOCALITY) MAKATI CITY	(CITY/MUNICIPALITY) MAKATI CITY	(PROVINCE) METRO MANILA	ZIP CODE 1200
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY						
TELEPHONE NO. (AREA CODE - TEL NO.) 8080-8080		MOBILE/CELLPHONE NUMBER 8080-080-8080		E-MAIL ADDRESS EXCENTONE@EMAIL.COM		WEBSITE (IF ANY)		TAX IDENTIFICATION NUMBER 080-808-080-8080
SS NUMBER	NAME OF EMPLOYEE (LASTNAME, FIRSTNAME, MIDDLE NAME, SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)	DATE OF EMPLOYMENT (MM/DD/YYYY)	DATE OF SEPARATION (MM/DD/YYYY)	MONTHLY COMPENSATION	POSITION/NATURE OF WORK	FOR SSS USE	
34-3456789-6	1. CORPUZ, SOFIA	02/22/2001	12/01/2023		30,000.00	HR		
34-3456789-2	2. CRUZ, LEVI	05/19/1992	12/01/2023		80,000.00	IT		
34-3456789-2	3. DELA CRUZ, KENMA	07/18/1995	12/01/2023		60,000.00	ACCOUNTING		
34-4567890-5	4. DIAZ, ROSA	05/06/2002	12/01/2023		30,000.00	HR		
34-3456789-3	5. DOMINGO, GON	05/12/1992	12/01/2023		70,000.00	PROJECT MANAGER		
34-3456789-5	6. LEE, ANTON	09/12/2000	12/01/2023		30,000.00	HR		
34-2345678-9	7. LOPEZ, MIKASA	09/27/1997	12/01/2023		60,000.00	IT		
34-3456789-1	8. MORALES, JEAN	12/04/1993	12/01/2023		120,000.00	IT		
34-4567890-4	9. PERALTA, JAKE	09/04/1995	12/01/2023		70,000.00	PROJECT MANAGER		
34-4567890-3	10. PEREZ, LUCY	08/22/1990	12/01/2023		70,000.00	PROJECT MANAGER		
34-4567890-6	11. RAMOS, ALTHEA	01/09/2002	12/01/2023		30,000.00	HR		
34-4567890-1	12. REYES, SASHA	06/30/1991	12/01/2023		100,000.00	IT		
34-3456789-4	13. SANTIAGO, AMY	01/12/1999	12/01/2023		30,000.00	HR		
34-1234567-8	14. SANTOS, EREN	01/31/1998	12/01/2023		60,000.00	IT		
34-4567890-2	15. TAN, TOJI	01/10/1981	12/01/2023		45,000.00	ACCOUNTING		
TOTAL NUMBER OF REPORTED EMPLOYEES	15	NAME OF OWNER/MANAGING PARTNER/PRESIDENT/CHAIRMAN/CORPORATE SECRETARY DENNIS LOPEZ		I CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM ARE TRUE AND CORRECT.		PAGE OF		LEGEND
BATCH NUMBER		SCREENING & RECEIVING RESULTS		SCREEN & RECEIVED BY		DATE & TIME		
NO. OF OUTPUT (R/EE)		<input type="checkbox"/> CORRECT AUTHORIZED SIGNATORY PER SS FORM I-501 <input type="checkbox"/> UN-AUTHORIZED SIGNATORY PER SS FORM I-501 <input type="checkbox"/> OTHERS:		SIGNATURE OVER PRINTED NAME		DATE		
				SIGNATURE OVER PRINTED NAME		DATE		

Certificate Of Employment
With Compensation

CERTIFICATION

Monthly Remittance
1601C

NOVEMBER 18, 2024

MAKATI CITY

To Whom It May Concern,

This is to certify that **MS. SOFIA CORPUZ** was an employee of EXCENT ONE INC. since DECEMBER 1, 2023 and currently holding the position of HR assigned at HR DEPARTMENT with the following monthly compensation package, to wit:

Basic Pay : Php 30,000.00

Allowances :

Internet allowance : Php 1,000.00

Deminimis :

CLOTHING ALLOWANCE : Php 400.00

Total : **Php 31,400.00**

This certificate is being issued upon the request of MS. SOFIA CORPUZ for whatever legal this may serve.

DENNIS LOPEZ

LEAD SOFTWARE ENGINEER

sn#2024-111811551

Philhealth ER2

PLEASE READ INSTRUCTION AT THE BACK BEFORE ACCOMPLISHING THIS FORM

PHILHEALTH REPORT OF EMPLOYEE-MEMBERS		(CHECK APPLICABLE BOX) <input type="checkbox"/> INITIAL LIST (Attach to Philhealth Form Er1) <input type="checkbox"/> SUBSEQUENT LIST		Er2	
NAME OF EMPLOYER/FIRM :	EXCENT ONE INC.		EMPLOYER NO.	08-080808080-8	
ADDRESS :	#1506 CITYLAND 10 TOWER 2 156 H. V. DELA COSTA ST., BEL-AIR MAKATI CITY		EMAIL ADDRESS :	EXCENTONE@EMAIL.COM	
PHILHEALTH / SSS / GSIS NUMBER	NAME OF EMPLOYEE	POSITION	SALARY	DATE OF EMPLOYMENT	PREVIOUS EMPLOYER (IF ANY)
06-345678901-8	CORPUZ, SOFIA	HR	30,000.00	12/01/2023	
06-345678901-2	CRUZ, LEVI	IT	80,000.00	12/01/2023	
06-345678901-4	DELA CRUZ, KENMA	ACCOUNTING	60,000.00	12/01/2023	
06-456789012-7	DIAZ, ROSA	HR	30,000.00	12/01/2023	
06-345678901-5	DOMINGO, GON	PROJECT MANAGER	70,000.00	12/01/2023	
06-345678901-7	LEE, ANTON	HR	30,000.00	12/01/2023	
06-234567890-1	LOPEZ, MIKASA	IT	60,000.00	12/01/2023	
06-345678901-3	MORALES, JEAN	IT	120,000.00	12/01/2023	
06-456789012-6	PERALTA, JAKE	PROJECT MANAGER	70,000.00	12/01/2023	
06-456789012-5	PEREZ, LUCY	PROJECT MANAGER	70,000.00	12/01/2023	
06-456789012-8	RAMOS, ALTHEA	HR	30,000.00	12/01/2023	
06-456789012-3	REYES, SASHA	IT	100,000.00	12/01/2023	
06-345678901-6	SANTIAGO, AMY	HR	30,000.00	12/01/2023	
06-123456789-0	SANTOS, EREN	IT	60,000.00	12/01/2023	
06-456789012-4	TAN, TOJI	ACCOUNTING	45,000.00	12/01/2023	
TOTAL NO. LISTED ABOVE :	15	PAGE 1 OF 1		SIGNATURE OVER PRINTED NAME	

Employee
TimeLogs

EXCENT ONE INC.
EMPLOYEE TIMELOGS REPORT
COVERING PERIOD 11/15/2024 - 11/18/2024

USER : LOPEZ, DENNIS
DATE : 11/18/2024 02:06 PM

EMPLOYEE NO.	EMPLOYEE NAME	DATE	TIME	STATUS	LOCATON	IMAGE
1125	CORPUZ, SOFIA	11/18/2024	12:58:00	TIME IN	Makati City, Philippines 08.08080808 - 088.080808	
1125	CORPUZ, SOFIA	11/18/2024	13:00:00	TIME OUT	Makati City, Philippines 08.08080808 - 088.080808	
1122	DIAZ, ROSA	11/15/2024	11:11:00	TIME IN	Makati City, Philippines 08.08080808 - 088.080808	
1122	DIAZ, ROSA	11/15/2024	11:11:00	TIME OUT	Makati City, Philippines 08.08080808 - 088.080808	
1122	DIAZ, ROSA	11/15/2024	16:59:00	TIME IN	Makati City, Philippines 08.08080808 - 088.080808	
1122	DIAZ, ROSA	11/15/2024	17:39:00	TIME OUT	Makati City, Philippines 08.08080808 - 088.080808	
1111	SANTOS, EREN	11/15/2024	17:43:00	TIME IN	Makati City, Philippines 08.08080808 - 088.080808	

This report is generated by Ahora HRIS.

For BIR Use Only	BCS/Item	Republic of the Philippines Department of Finance Bureau of Internal Revenue
1601-C January 2018 (ENC5)		
Monthly Remittance Return of Income Taxes Withheld on Compensation		
Enter all required information in CAPITAL LETTERS using BLOCK. Do not fill applicable boxes with "0". This copy MUST be filed with the BIR and one held by the Taxpayer.		
1. Taxpayer Identification Number (TIN) 080-080-8080-8080		
2. Withholding Agent's Name (Last Name, First Name, Middle Name) EXCENT ONE INC.		
3. Address (Last Name, First Name, Middle Name) #1506 CITYLAND 10 TOWER 2 156 H. V. DELA COSTA ST., BEL-AIR, MAKATI CITY		
4. ZIP Code 1200		
5. Category of Withholding Agent X Private Government		
6. Total Amount of Compensation 957,675.00		
7. Total Non-Taxable Compensation (Sum of Items 15 to 20) 72,275.00		
8. Total Taxable Compensation (Sum of Items 21 to 34) 885,400.00		
9. Total Tax Withheld 101,579.30		
10. Total Tax Due (Sum of Items 21 to 34) 101,579.30		
11. Signature over Printed Name of Taxpayer/Authorized Representative Tax Agent (Include TIN/Designation and TIN)		
12. Signature over Printed Name of Taxpayer/Authorized Representative Tax Agent (Include TIN/Designation and TIN)		
13. Signature over Printed Name of Taxpayer/Authorized Representative Tax Agent (Include TIN/Designation and TIN)		
14. Signature over Printed Name of Taxpayer/Authorized Representative Tax Agent (Include TIN/Designation and TIN)		
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For BIR Use Only	BCS/Item	Republic of the Philippines Department of Finance Bureau of Internal Revenue
1601-C January 2018 (ENC5)		
Monthly Remittance Return of Income Taxes Withheld on Compensation		
Enter all required information in CAPITAL LETTERS using BLOCK. Do not fill applicable boxes with "0". This copy MUST be filed with the BIR and one held by the Taxpayer.		
1. Taxpayer Identification Number (TIN) 080-080-8080-8080		
2. Withholding Agent's Name (Last Name, First Name, Middle Name) EXCENT ONE INC.		
3. Address (Last Name, First Name, Middle Name) #1506 CITYLAND 10 TOWER 2 156 H. V. DELA COSTA ST., BEL-AIR, MAKATI CITY		
4. ZIP Code 1200		
5. Category of Withholding Agent X Private Government		
6. Total Amount of Compensation 957,675.00		
7. Total Non-Taxable Compensation (Sum of Items 15 to 20) 72,275.00		
8. Total Taxable Compensation (Sum of Items 21 to 34) 885,400.00		
9. Total Tax Withheld 101,579.30		
10. Total Tax Due (Sum of Items 21 to 34) 101,579.30		
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