BIR Form No. **2307**

Certificate of Creditable Tax Withheld at Source



| January 2018 (ENCS) | sta bayaa witl | an "V" | | | | 2307 01/18ENCS |
|---|----------------|-----------------|---------|---------|--------------|----------------------|
| Fill in all applicable spaces. Mark all appropria | ate boxes witi | | 20000 | т. | | (444/000000 |
| 1 For the Period From | | | D/YYYY) | То | | (MM/DD/YYYY) |
| Part I – Payee Information | | | | | | |
| 2 Taxpayer Identification Number (TIN) | | <u> </u> | - - | | | |
| 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) | | | | | | |
| | | | | | | |
| 4 Registered Address 4A ZIP Code | | | | | | |
| | | | | | | |
| 5 Foreign Address, if applicable | | | | | | |
| | | | | | | |
| Part II – Payor Information | | | | | | |
| 6 Taxpayer Identification Number (TIN) | | | | | | |
| 7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) | | | | | | |
| | | | | | | |
| 8 Registered Address 8A ZIP Code | | | | | | |
| | | | | | | |
| Part III – Details of Monthly Income Payments and Taxes Withheld | | | | | | |
| Income Payments Subject to Expanded | | | | | | Tax Withheld for the |
| Withholding Tax | 70 | Quarter | Quarter | Quarter | Total | Quarter |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |
| Money Payments Subject to Withholding | | | | | | |
| of Business Tax (Government & Private) | | | | | | |
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| Total | | | | | | |
| | | <u> </u> | | | <u> </u> | |
| 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. Further, we give our consent to the processing of our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) | | | | | | |
| Tax Agent Accreditation No./ Date of Issue Date of Expiry | | | | | | |
| Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY) | | | | | | |
| COM CHAIL | | | | | | |
| | | | | | | |
| Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent | | | | | | |
| (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Expiry Date of Expiry | | | | | | |
| Attorney's Roll No. (if applicable) | | Date of (MM/DD) | | | (MM/DD/YYYY) | |