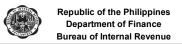
For BIR BCS/ Use Only Item:



BIR Form No.

Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate boxes with an "X".													
	n all applicable spaces. Ma For the Period	From From	boxes with a	an "X".	(MM/DI	200000	To				/MM/DD	^^^	
	1 For the Period From (MM/DD/YYYY) To (MM/DD/YYYYY) Part I – Payee Information												
2 Taxpayer Identification Number (TIN)													
			iddla Nama f	ar Individuo	I OR Pogio	torad Nama for N	an Individuo	<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 applica	able											
	Part II – Payor Information												
6	Taxpayer Identification Nu	mber (TIN)		-		- 1	-	1 1					
7	Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)												
8	Registered Address	tered Address 8A ZIP Code											
	Post III. Pote is a f Marthly leading Polymoute and Taxas With hald												
Part III – Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS To Mitch and April 19 (19 (19 (19 (19 (19 (19 (19 (19 (19													
Ir	ncome Payments Subject Withholding Ta		ATC	1st Mont		2nd Month of t	he 3rd M	onth of the	Total			thheld for the Quarter	
				Qua	rter	Quarter		Quarter					
Tot	al												
	ney Payments Subject to	Withholding of											
Business Tax (Government & Private)													
							-			+			
Tot	al						+			+			
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.													
		Sig	nature over l			r/Payor's Authoriz e/Designation and		tative/Tax A	gent				
Tax Agent Accreditation No./						Issue			Date of Expiry				
Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY)													
		Sig	nature over F			e/Payee's Authoriz		ntative/Tax A	Agent				
	Tax Agent Accreditation No./			(Ir	Date of	e/Designation and	TIIN)		Date of Expiry				
At	torney's Roll No. (if applicable	e)			(MM/DD/	YYYY)			(MM/DD/YYYY)				