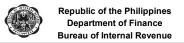
For BIR BCS/ Use Only Item:



BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



Fill i	n all applicable spaces. Mark all appropriate	e boxes with a	an "X".							-				7 0 17 101	
	For the Period From			(MM/DI				То					(MM/DD/	YYYY)	
				Part I – F	Payee Ir	format	ion			_					
2	Taxpayer Identification Number (TIN)				-		-								
3	Payee's Name (Last Name, First Name, M	liddle Name f	or Individuai	OR Regis	tered N	ame for	Non-In	dividual))						
4	Registered Address													4A ZIP	Code
5	Foreign Address, if applicable														
,	Toreign Address, il applicable														
	Part II Payor Information														
	Part II – Payor Information Taypayer Identification Number (TIN)														
		payer 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											Code			
Part III – Details of Monthly Income Payments and Taxes Withheld															
lr	come Payments Subject to Expanded								YMENTS				Tax Wi	thheld f	or the
•	Withholding Tax	ATC	1st Mont			Month o			onth of t	he	Total			Quarter	
			Qua	itei		Quarter			tuai tei						
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Total															
Money Payments Subject to Withholding of Business Tax (Government & Private)															
	Susmess Tax (Government & Frivate)														
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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.															
	Si	gnature over		ne of Payo					tative/Tax	x Agen	t				
Tax Agent Accreditation No./					lssue	เลแบท ลิเ	iu TIIV)	T		Da	ate of Expiry				
Attorney's Roll No. (if applicable)			(MM/DD/	YYYY)						M/DD/YYYY)					
				C	ONFOR	ME:									
	0:-	inatura ever F	Printed Nor-	e of Dove	/Payasi	'e Auth-	rizod P	enroco-	tativo/Ta	v A ~~~	nt .				
	Sig	nature over F		e of Payee dicate Title					itative/1a	x Ager	ıt				
Tax Agent Accreditation No./ Date of Issue Date of Expiry (MM/DD/XXXX)															