

BIR Form No.
2307

January 2018 (ENCS)

## Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate boxes with an "X".												
		от	late boxes w		(MM/DL	D/YYYY)		То			(MM/DD/YYYY)	
Part I – Payee Information												
2	Taxpayer Identification Number	er (TIN)			1 1	- , ,	-	1 1				
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 <i>(Last Name, Fi</i>	ame, 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												
Inc	' ' I ATC I 1st Month of the I 2nd Month of the I 3rd Month of the I										Tax Withheld for the	
	Withholding Tax		AIC		ırter	Quarter		Qua		Total	Quarter	
Total  Money Payments Subject to Withholding												
of Business Tax (Government & Private)												
ota	al											
										l		
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)												
						Issue YYYY)	-			Date of Expiry (MM/DD/YYYY)		
CONFORME:												
Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)												
	Tax Agent Accreditation No./ Date of Issue Date of Expiry											
Att	orney's Roll No. (if applicable)				(MM/DD/	YYYY)				(MM/DD/YYYY)		