

BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

| | | | | | | | | | | | |
|---|----------------|------|----|----|------|--------------|----|----|----|------|--------------|
| 1 | For the Period | From | 07 | 01 | 2025 | (MM/DD/YYYY) | To | 07 | 31 | 2025 | (MM/DD/YYYY) |
|---|----------------|------|----|----|------|--------------|----|----|----|------|--------------|

Part I – Payee Information

2 Taxpayer Identification Number (TIN) K | J | F - K | D | J - F | K | J - F | | | |

3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

COCA COLA PHILS.

| | | | |
|---|--------------------|----|---------------|
| 4 | Registered Address | 4A | ZIP Code |
| | MAKATI | | D K J F |

| | |
|----------------------------------|--|
| 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 Withholding Tax | ATC | AMOUNT OF INCOME PAYMENTS | | | | Tax Withheld for the Quarter |
|--|-------|---------------------------|--------------------------|--------------------------|-------|------------------------------|
| | | 1st Month of the Quarter | 2nd Month of the Quarter | 3rd Month of the Quarter | Total | |
| Rentals | WC100 | 0.00 | | | 0.00 | 0.00 |
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| | | | | | | |
| Total | | | | | | 0.00 |
| Money Payments Subject to Withholding of Business Tax (Government & Private) | | | | | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | 0.00 |

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./ Attorney's Roll No. (if applicable) | | Date of Issue (MM/DD/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./ Attorney's Roll No. (if applicable) | | Date of Issue (MM/DD/YYYY) | | | | Date of Expiry (MM/DD/YYYY) | | | | |
|---|--|-------------------------------|--|--|--|--------------------------------|--|--|--|--|