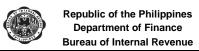
For BIR BCS/ Use Only Item:



BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



Fill	in all applicable spaces. Mark all appropria	ate boxes with	an "X".				2307 01/16ENC3
	For the Period From		(MM/D	D/YYYY)	То		(MM/DD/YYYY)
Part I – Payee Information							
2 Taxpayer Identification Number (TIN) - - - - - - - - - -							
3	Tayou o maino (Edoctivanio, Filoctivanio, ivildulo tvanio foi individual On Negloteled Ivanie foi ivon-individual)						
	Designation of Address						4A ZID Codo
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							
Ir	Income Payments Subject to Expanded AMOUNT OF INCOME PAYMENTS						Tax Withheld for the
	Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
				- Jan. 10.	4,444,101		
Total Total							
Money Payments Subject to Withholding of							
E	Business Tax (Government & Private)						
		-					
		1					
_		-					
Tota							
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							
	Tax Agent Accreditation No./		(Indicate 1 it	le/Designation and TIN		Date of Expiry	
	torney's Roll No. (if applicable)		(MM/DD			(MM/DD/YYYY)	
GOIN ONNE.							
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 Date of Expiry							
	1 5 11 11 11 11 11 11 11 11 11 11 11 11		24.5 61	20000			