

Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No.
2307
January 2018 (ENCS)

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

Certificate of Creditable Tax Withheld at Source



1 For the Period From 0 1 (0 1 2	0 2 3	(MM/DD	D/YYYY)		To 013	3 /3 1	20 2 3		(MM/DD	YYYY)
	6486WE0		Part I – P	ayee Informati	ion						
2 Taxpayer Identification Number (TIN)	5	08 -	015 4	- 01216	- 01	0 10 10 0					
3 Payee's Name (Last Name, First Name, Mid	ldle Name fo	or Individual	OR Regist	ered Name for	Non-Individ	dual)					
AMBID, FELIPE DOLOR											
4 Registered Address 4A ZIP Code											
267 Ambid Street Purok 6 Biluso Sil	ang Cavite	Philippin	es								4118
5 Foreign Address, if applicable											
	•		B 411 E								
Part II – Payor Information 6 Taxpayer Identification Number (TIN) 0 0 0 - 1 6 9 - 2 4 6 - 0 0 0 1 1											
7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) PHILKOEI INTERNATIONAL, INC.											
8 Registered Address 8A ZIP Code											
17F THE ORIENT SQUARE BLDG., F ORTIGAS JR. ROAD, ORTIGAS CENTER, PASIG											
Part III – Details of Monthly Income Payments and Taxes Withheld											
Income Payments Subject to Expanded			AMOUNT OF INCOM							Tax W	ithheld for the
Withholding Tax	ATC	1st Mont Qua		Quarter		Quarter	the	Total			Quarter
Professional / talent fees paid to juridical pe	WI011	22,22	2.22	0.00		0.00		22,222.22	2	2	2,222.22
										5	
										7	
e e											
Total		22,22	2.22	0.00		0.00		22,222.22	2	2	2,222.22
Money Payments Subject to Withholding of											
Business Tax (Government & Private)				70),	1000						
				700	Ð.				. 99		
					7						
									· Pr		
					S. I Da Mai						
											A
											2
Total											
We declare under the penalties of perjury the pursuant to the provisions of the National Internation	l Revenue (Code, as am	ended, and	d the regulation	s issued ur	nder authori	ty thereof.	Further, we			
processing of our information as contemplated un	nder the *Da	ata Privacy A	ct of 2012	(R.A. No. 1017	(3) for legit	imate and la	awful purp	oses.			
ANALIE A ROQUE			440.44				41/5		~-		
	atura avar	Printed Nam	110-10		ized Penre	sontativo/T		P-FINANO	JE		
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)											
Accorded to the tree (ii applicable)			NAME OF TAXABLE PARTY OF	NFORME:							
6											
					VIII.		TANK THE RESERVE OF THE PERSON			20002	
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 Is	ssue		1 1 1	U. 12/20/20/20/20/20/20/20/20/20/20/20/20/20	of Expiry			