



## Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. **2307** 

Tax Agent Accreditation No./

Attorney's Roll No. (if applicable)

## Certificate of Creditable Tax Withheld at Source



Date of Expiry

(MM/DD/YYYY)

| January 2018 (ENCS)   | annonsiate beyon with s  | n "V"  |  |   |                        | 2307 01/18ENCS               |
|---|--|--|--|---|------------------------|------------------------------|
| fill in all applicable spaces. Mark all  1 For the Period From  |  |  | 0//VVVI  | To 1.2 3.   | 1 20 21                | (MM/DD/YYYY)                 |
| 1 For the Period From   | $\frac{m}{1 0 0 1 2 0}$  |  | ayee Information                                     | To 1 <sub>1</sub> 2 /3 <sub>1</sub>   | 1   2 0  2 1           |                              |
| O Town Ideal Earling Number   | (TIAD  |  |  |   |                        |                              |
| Taxpayer Identification Number  | O CONTRACTOR OF THE PARTY OF TH | 09 - 818   |  | 010101  |                        |                              |
| 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)              |  |  |  |   |                        |                              |
| SMALL ECONOMIC ENTERPRISES DEVELOPMENT, INC.  |  |  |  |   |                        |                              |
| Registered Address  4A ZIP Code   |  |  |  |   |                        |                              |
| LG36 STAR CENTRUM CONDOMINIUM, 317 SEN GIL PUYAT AVE, MAKATI CITY   |  |  |  |   |                        |                              |
| 5 Foreign Address, if applicable  |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  | Part II – F  | Payor Information                                    |   |                        |                              |
| 6 Taxpayer Identification Number (TIN) 0 0 - 1 6 9 - 2 4 6 - 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 SO   |  | are body forced in the contract of the contrac |  | CONTRACTOR OF THE PROPERTY OF | ASIG                   | 11605                        |
|   | ASSESSMENT NAMED IN COLUMN   | Details of Monthly I   | AMOUNT OF INC  | Taxes Withheld  |                        |                              |
| Income Payments Subject to Ex<br>Withholding Tax  | cpanded ATC  | 1st Month of the   | 2nd Month of the                                     | 3rd Month of the  | Total                  | Tax Withheld for the Quarter |
|   | NAIO 100   | Quarter  | Quarter  | Quarter   | 90,000.00              | 1,800.00                     |
| ncome payments made by top 10,000 private corporations to   | WC 160   | 0.00   | 90,000.00  | 0.00  | 90,000.00              | 1,800.00                     |
| heir local supplierof services  |  |  |  |   |                        |                              |
| Tiell local supplieror services   |  |  |  |   |                        | 1                            |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        | -                            |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
| Total   |  | 0.00   | 90,000.00  | 0.00  | 90.000.00              | 1,800.00                     |
| Money Payments Subject to With  | holding of   | 0.00   | 20,000.00  | 0.00  |                        |                              |
| Business Tax (Government & I  |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   |  | 0.00   | 90,000.00  | 0.00  | 90,000.00              | 1,800.00                     |
| Total   |  |  |  |   |                        |                              |
| We declare under the penalties<br>pursuant to the provisions of the Na  | s of perjury that this certi-<br>ational Internal Revenue  | ficate has been made<br>Code, as amended, a  | in good faith, verified t<br>nd the regulations issu | ed under authority the  | reof. Further, we give | e our consent to the         |
| processing of our information as co   | ntemplated under the *D  | ata Privacy Act of 201   | 2 (R.A. No. 10173) for                               | legitimate and lawful p   | ourposes.              |                              |
| Alum  |  |  |  |   |                        |                              |
| ANALIE A ROQUE 110-101-514 AVP-FINANCE  |  |  |  |   |                        |                              |
| Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent                                      |  |  |  |   |                        |                              |
| (Indicate Title/Designation and TIN)  Tax Agent Accreditation No./  Date of Issue  Date of Expiry                     |  |  |  |   |                        |                              |
| Attorney's Roll No. (if applicable)   |  | (MM/DD   |  | 2912955   | (MM/DD/YYYY)           |                              |
|   |  | C  | ONFORME:   |   |                        |                              |
|   |  |  |  |   |                        |                              |
|   | Cintura  | Drinted Name of David  | o/Payon's Authorized                                 | Penrecentative/Tay As   | rent                   |                              |
| Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) |  |  |  |   |                        |                              |

Date of Issue (MM/DD/YYYY)