

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. 2307

Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate boxes with an "X". (MM/DD/YYYY) To 0,6 /3 ,0 , 2,0 ,2 3, (MM/DD/YYYY) For the Period 20 23 From 0.4 0 1 Part I - Payee Information Taxpayer Identification Number (TIN) 3183 71018 109 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) MACORONEL ENGINEERING CONSULTANCY 4A ZIP Code Unit 2206, 22nd Flr. The President Tower 81 Tiog Ave., Diliman, Q.C. Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 0,0,0 1,6,9 2146 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) PHILKOEI INTERNATIONAL, INC Registered Address 8A ZIP Code UNIT 1701 AB, 1702 & 1703 THE ORIENT SQUARE BLDG., F ORTIGAS JR. ROAD, ORTIGAS CENTER, SAN ANTONIO PASIG CITY 1605 Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS Tax Withheld for the Income Payments Subject to Expanded 1st Month of the ATC 2nd Month of the 3rd Month of the Withholding Tax Total Quarter Quarter Quarter Quarter 14,698.93 Income payments to certain contractors WC120 0.00 734,946.45 0.00 734,946.45 Total 0.00 734,946.45 0.00 734,946.45 14,698.93 Money Payments Subject to Withholding of **Business Tax (Government & Private)** 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 Twon **AVP-FINANCE** ANALIE A RÓQUE 110-101-514 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 (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable) CONFORME: Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry Tax Agent Accreditation No./ Date of Issue (MM/DD/YYYY) Attorney's Roll No. (if applicable) (MM/DD/YYYY)