



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	1/0/01	2/02/11	(MM/DD/YYYY)	To	1/2/31	2/02/11	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN) 009 818 826 000

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

SMALL ECONOMIC ENTERPRISES DEVELOPMENT, INC.

4 Registered Address

LG36 STAR CENTRUM CONDOMINIUM, 317 SEN GIL PUYAT AVE, MAKATI CITY

4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)	000	169	246	000
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7. Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PHILKOEI INTERNATIONAL, INC.

8 Registered Address

17F THE ORIENT SQUARE BLDG., F ORTIGAS JR. ROAD, ORTIGAS CENTER, PASIG

8A ZIP Code

1,605

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	
Income payments to certain contractors	WC120	0.00	0.00	73,333.33	73,333.33	1,466.67
Total		0.00	0.00	73,333.33	73,333.33	1,466.67
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

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.

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./
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)