

Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No., Cert 2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate	boxes with a	an "X".				
1 For the Period From 0,4	0 1 2	0 2 2 (MM/DL	D/YYYY)	To 0 ₁ 6 /3 ₁	0 2022	(MM/DD/YYYY)
			Payee Information			
2 Taxpayer Identification Number (TIN)	0	109 - 8118	- 81216 -	0101011		
3 Payee's Name (Last Name, First Name, Mid				A CONTRACTOR OF THE PARTY OF TH		
SMALL ECONOMIC ENTER	RPRISES	DEVELOPMEN	NT, INC.			
4 Registered Address						4A ZIP Code
LG36 STAR CENTRUM CO	NDOMIN	IIUM, 317 SEN	GIL PUYAT A	VE, MAKATI C	ITY	
5 Foreign Address, if applicable						
				secretario de la companya de la comp		
	11.	Part II –	Payor Information			
6 Taxpayer Identification Number (TIN)		00 - 169	- 2146 -	0101011		
7 Payor's Name (Last Name, First Name, Mic		r Individual OR Regist	tered Name for Non-In-	dividual)		
PHILKOEI INTERNATIONA	L, INC.					
8 Registered Address					L CT C	8A ZIP Code
17F THE ORIENT SQUARE	Chicago and the property of the second second	AND THE RESIDENCE AND DESCRIPTION OF THE PARTY OF THE PAR	THE RESERVE AND ADDRESS OF THE PARTY OF THE		ASIG	1 ₁ 605
	Part III –	Details of Monthly I	ncome Payments and AMOUNT OF INC			Tax Withheld for the
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the	2nd Month of the	3rd Month of the	Total	Quarter
Income payments made by top	WC 160	Quarter 0.00	Quarter 0.00	Quarter 100,000.00	100,000.00	2,000.00
10,000 private corporations to						
their local supplierof services						
		0.00	0.00	100,000.00	100,000.00	2,000.00
Total Money Payments Subject to Withholding of		0.00	0.00	100,000.00	100,000.00	2,000.00
Business Tax (Government & Private)						
Total		0.00	0.00	100,000.00	100,000.00	2,000.00
We declare under the penalties of perjury	that this certi	ficate has been made	in good faith, verified l	by us, and to the best o	of our knowledge an	d belief, is true and correct,
pursuant to the provisions of the National Interruptocessing of our information as contemplated	nal Revenue under the *D	Code, as amended, a ata Privacy Act of 201	nd the regulations issu 2 (R.A. No. 10173) for	led under authority ther r legitimate and lawful r	eof. Further, we giv ourposes.	e our consent to the
ANALIE A ROQUE		110-4	101-514		VP-FINANCE	
ANALIE A ROQUE	gnature over		or/Payor's Authorized F			
		(Indicate Tit	le/Designation and TIN	V)	Date of Expiry	
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of (MM/DD	r Issue D/YYYY)		(MM/DD/YYYY)	
		C	ONFORME:			
	anoture core	Drinted Name of David	ee/Payee's Authorized	Representative/Tay As	nent .	
	gnature over		tle/Designation and TII	V)		
Tax Agent Accreditation No./		Date of	f Issue	MASSAGE PARTY NAMED IN COLUMN TO A STATE OF TH	Date of Expiry (MM/DD/YYYY)	