



Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. **2307**

Certificate of Creditable Tax Withheld at Source



in all applicable spaces. Mark all appropriate boxes with an "X" (MM/DD/YYYY) (MM/DD/YYYY) For the Period From 0 7 0 1 To 0,9 /3 ,0 2022 20 22 Part I - Payee Information Taxpayer Identification Number (TIN) 5108 01216 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) AMBID, FELIPE DOLOR 4A ZIP Code 267 Ambid Street Purok 6 Biluso Silang Cavite Philippines 41181 Foreign Address, if applicable Part II - Payor Information Taxpayer Identification Number (TIN) 0,00 11619 2146 01010Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) PHILKOEI INTERNATIONAL, INC. 8A ZIP Code 17F THE ORIENT SQUARE BLDG., F ORTIGAS JR. ROAD, ORTIGAS CENTER, PASIG 11605 Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS ncome Payments Subject to Expanded Tax Withheld for the 1st Month of the ATC 2nd Month of the 3rd Month of the Total Quarter Withholding Tax Quarter Quarter Quarter ofessional / talent fees paid to juridical p WI011 20,000.00 20,000.00 2,000.00 0.00 0.00 20,000.00 0.00 20,000.00 2,000.00 0.00 oney 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 rrect, 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 processing of our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes won ANALIÉ 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 Expiry Date of Issue Attorney's Roll No. (if applicable) (MM/DD/YYYY) (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./ Date of Issue Date of Expiry (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable)



		Accounts Payable			
Date: 2022-N	lov-22		AP No.: APV-	APV-2022-11-76	
Payee: AMBID Architectural Design Services				Due Date: 2022-Nov-29	
Acct Code	Project Code	Particulars	Debit	Credit	
70.60.100	-	GAE-Professional Fees	20,000.00	0.00	
20.10.201.4	-	Withholding Tax Payable - 10% Individual	0.00	2,000.00	
20.10.100	-	Accounts Payable Voucher	0.00	18,000.00	
		Initial downpayment (30% of the total contract amount) for BIM Training; Invoice No. 2022-0005			
***************************************		Total	20,000.00	20,000.00	

Accounts Payable Voucher						
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Prepared By:	Checked By:	Recommending Approval:	Approved By:			

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