

Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. 2307 January 2018 (ENCS)

## Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate boxes with an "X" For the Period From (MM/DD/YYYY) (MM/DD/YYYY) To 1,2 /3 ,1 | 2,0 ,2 3, 10 0 1 20 23 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 3183 - 71018 1,00 0.0.0 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) MACORONEL ENGINEERING CONSULTANCY Registered Address 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) 0,00 1,6,9 2146 010 10 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 Income Payments Subject to Expanded Tax Withheld for the 1st Month of the **ATC** 2nd Month of the 3rd Month of the Withholding Tax Total Quarter Quarter Quarter Quarter Income payments to certain contractors WC120 6.170.598.62 0.00 6,170,598.62 123,411,97 0.00 Total 6,170,598.62 0.00 0.00 6,170,598.62 123,411.97 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 MINA ANALIE A ROQUE 110-101-514 **AVP-FINANCE** (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry 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 Expiry Date of Issue (MM/DD/YYYY) Attorney's Roll No. (if applicable) (MM/DD/YYYY)