

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". (MM/DD/YYYY) (MM/DD/YYYY) For the Period From 019 /3 10 | 210 12 2 0.7 0 1 20 22 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 31818 1110 1,0,1 0 0 1 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) COMENFLY TRAVEL AND TOURS 4A ZIP Code Registered Address BLK 6A LOT 1 NAPOLI ST., MALA ALTA SUBD. DALIG ANTIPOLO CITY Foreign Address, if applicable 5 Part II - Payor Information 6 Taxpayer Identification Number (TIN) 1,6,9 2146 0.0.0 0,0,0 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) PHILKOEI INTERNATIONAL, INC. 8A ZIP Code Registered Address 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 2nd Month of the 3rd Month of the ATC Withholding Tax Total Quarter Quarter Quarter Quarter Income payments made by top WC 160 0.00 2,000.00 0.00 2.000.00 40.00 10,000 private corporations to their local supplier of services 2.000.00 40.00 0.00 2,000.00 0.00 Total 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. moon IÉ A ROQUE **AVP-FINANCE** 110-101-514 ANA 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 (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) (MM/DD/YYYY) Attorney's Roll No. (if applicable)