For BIR BCS/ Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. 2307

## 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: 0.3 /3 .1 20 2 2 0.1 0 1 20 22 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 8118 81216 0.09 01010Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) SMALL ECONOMIC ENTERPRISES DEVELOPMENT, INC 4A ZIP Code Registered Address LG36 STAR CENTRUM CONDOMINIUM, 317 SEN GIL PUYAT AVE, MAKATI CITY Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 2146  $0_{1}0_{-1}0_{-1}$  $0_{1}0_{2}0$ 1,6,9 Payor'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 1605 Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Tax Withheld for the ATC 1st Month of the 2nd Month of the 3rd Month of the Total Quarter Withholding Tax Quarter Quarter Quarter Income payments made by top 100,000.00 2,000.00 WC 160 0.00 0.00 100,000.00 10,000 private corporations to their local supplierof services 100.000.00 100,000.00 2,000.00 0.00 Total 0.00Money Payments Subject to Withholding of **Business Tax (Government & Private)** 0.00 0.00 100.000.00 100,000.00 2,000.00 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) Date of Expiry Tax Agent Accreditation No. 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) Tax Agent Accreditation No. Date of Issue Date of Expiry (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable)