

Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. **2307**

Certificate of Creditable Tax Withheld at Source



	Illuary 2018 (ENCS)		1 115711					230	07 01/18ENCS	
	n all applicable spaces. Mark all appropria	te boxes wit	h an "X".							
1	For the Period From $0 \mid 1$	0 1	2 0 22	(MM/DD/YYYY)	To	$\circ 0 \mid 3 \mid 3$	1 2022	(MM/DD	YYYY)	
Part I – Payee Information										
2	Taxpayer Identification Number (TIN)		1 1 0 -	1 0 1 - 3 8	8 8 - 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									
4	Registered Address 4A ZIP Code									
	BLK 6A LOT 1 NAPOLI ST.,	MALA A	LTA SUBD.	DALIG ANTII	POLO CITY				, , ,	
5	Foreign Address, if applicable									
Part II – Payor Information										
7	Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)									
	PHILKOEI INTERNATION									
8	Registered Address 8A ZIP Code									
	17F THE ORIENT SQUARE BLDG., F ORTIGAS JR. ROAD, ORTIGAS CENTER, PASIG									
Part III – Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS										
Income Payments Subject to Expanded			1st Month			AYMENTS Month of the		ithheld for the		
	Withholding Tax	ATC	Quarte			Quarter	Total		Quarter	
nco	me payments made by top	WC 160	0.00	2,50	0.00	0.00	2,500.00		50.00	
10,0	00 private corporations to									
heir	local supplier of services									
					1					
					1					
		1								
		†								
		†								
Total			0.00	2,50	0.00	0.00 2,500.00		50.00		
Money Payments Subject to Withholding of		of		,,,,			2,500.00			
E	Business Tax (Government & Private)									
		1						_		
		1								
		1								
Γota	al									
	We declare under the penalties of perjury	that this ce	rtificate has been	made in good faith	, verified by us, an	nd to the best o	f our knowledge and	d belief, is tr	ue 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.										
oroc	essing of our information as contemplate	unaer the	Data Privacy Ac	t 01 2012 (R.A. No.	10173) for legitima	ate and lawful p	ourposes.			
	Alman									
	ANALJE A ROQUE			110-101-514			VP-FINANCE			
	,	ignature ove		of Payor/Payor's A		ntative/Tax Age	ent			
	(Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry Date of Expiry									
	torney'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 Date of Expiry										
Att	torney's Roll No. (if applicable)		(MM/DD/YYYY)			(MM/DD/YYYY)				