



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 a	an "X".			5407 State 154			
1 For the Period From $1 \mid 0$	0 1 2	0 2 1	(MM/DD		То	$1_{ 2 }/3_{ 1 }$	2 0 2 1	(MM/DD/YYYY)
		F	Part I – Pa	ayee Information				
2 Taxpayer Identification Number (TIN)	THE RESERVE TO SERVE THE PARTY OF THE PARTY	10 -	1,0,1	- 3 ₁ 8 ₁ 8 -	0 0 1			
3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) COMENEL V. TRAVEL AND TOURS								
COMENFLY TRAVEL AND TOURS 4 Registered Address 4A ZIP Code								
Registered Address BLK 6A LOT 1 NAPOLI ST., MALA ALTA SUBD. DALIG ANTIPOLO CITY L								
BLK 6A LOT I NAPOLI ST., MALA ALTA SUBD. DALIG ANTIPOLO CITT 5 Foreign Address, if applicable								
Part II – Payor Information								
6 Taxpayer Identification Number (<i>TIN</i>) 0 ₁ 0 ₁ 0 - 1 ₁ 6 ₁ 9 - 2 ₁ 4 ₁ 6 - 0 ₁ 0 ₁ 0 ₁								
7 Payor's Name (Last Name, First Name, Mic	Idle Name fo	r Individual O	R Registe		dividual)			
PHILKOEI INTERNATIONAL , INC.								
8 Registered Address 8A ZIP Code 1.6.0.5								
17F THE ORIENT SQUARE BLDG., F ORTIGAS JR. ROAD, ORTIGAS CENTER, PASIG 1,605								
Income Payments Subject to Expanded ATC ATC ANOUNT OF INCOME PAYMENTS Tax Withheld for the								
Withholding Tax	ATC	1st Month Quarte	SHEET STATE	2nd Month of the Quarter		th of the	Total	Quarter
ncome payments made by top	WC 160	0.00		0.00		0.00	500.00	10.00
10,000 private corporations to								
their local supplier of services								
Total		0.00		0.00	500	0.00	500.00	10.00
Money Payments Subject to Withholding of Business Tax (Government & Private)								
								1
				0.00		0.00	E00.00	10.00
Total		0.00		0.00		0.00	500.00	10.00
We declare under the penalties of perjury pursuant to the provisions of the National Intern	that this certinal Revenue	ficate has bee Code, as ame	en made i ended, an	n good faith, verified b Id the regulations issu	oy us, and t ed under a	to the best of c uthority thereo	our knowledge a of. Further, we g	give our consent to the
processing of our information as contemplated	under the *D	ata Privacy A	ct of 2012	2 (R.A. No. 10173) for	legitimate	and lawful pur	poses.	
Amor								
ANALIE A ROQUE 110-101-514 AVP-FINANCE Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent								
/ Si	gnature over			r/Payor's Authorized F e/Designation and TIN				
Tax Agent Accreditation No./ Date of Issue Date of Expiry								
Attorney's Roll No. (if applicable)				ONFORME:		, (IVI)		
		D:-1-11	of D	/Deve el- AW	Don	ativo/Tav. A -	4	
Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)								
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) Date of Issue Date of Expiry MM/DD/YYYY)								



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Fill in all applicable spaces. Mark all appropriate boxes with an "X" To (MM/DD/YYYY) (MM/DD/YYYY) For the Period From $1_{1}2/3_{1}1$ 20 21 10 0 1 20 21 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 7,26 - 2,6,2 0101014193 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., MAIA ALTA SUBD., DALIG, ANTIPOLO CITY Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 1,6,9 0.0.0 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 17F THE ORIENT SQUARE BLDG., F ORTIGAS JR. ROAD, ORTIGAS CENTER, PASIG 1,605 Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS Tax Withheld for the Income Payments Subject to Expanded ATC 1st Month of the 2nd Month of the 3rd Month of the Total Withholding Tax Quarter Quarter Quarter Quarter Income payments made by top 0.00 3,000.00 0.00 3,000.00 60.00 WC 160 10,000 private corporations to their local supplierof services 60.00 0.00 3,000.00 0.00 3,000.00 Money Payments Subject to Withholding of Business Tax (Government & Private) Total 0.00 3,000.00 0.00 3,000.00 60.00 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. **AVP-FINANCE** ANALIÉ A ROQUE 110-101-514 Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Issue Date of Expiry Tax Agent Accreditation No. (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)