

BIR PAYMENT SLIP

For Over the Counter transaction (OTC) this is your receipt when machine validated

 LANDBANK		Date	Payment Slip Number
Please check appropriate box			
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Bank Debit System		BTR-BIR ACCOUNT NUMBER	
Account Name		Branch Client Code	Drawee Bank/Cash
BUREAU OF THE TREASURY - BIR		<u>000</u>	<u>CASH</u>
TAX IDENTIFICATION NUMBER		Tax Type	Form Type
<u>921 542 538</u>		<u>IT</u>	<u>1701A</u>
Revenue District Office	Accounting Type (F/C)	Teller's Validation	
<u>1090</u>	<u>C</u>	LBP SOGOD	T8(ALFRED S JAVI)
Quarter No (0, 1, 2, 3, or 4)	Tax Period/Fiscal Year End-(mmddyy)	04-15-2019	Seq. #: 49520
<u>-0</u>	<u>123118</u>	BIR ONCOLL	CASH Payment
Name of Taxpayer/Representative	9942-2449-30		
JADLOC, JUANHAN MSES CHANUA	921542538000CASH		
Signature of Taxpayer/Representative	Contact Number	090CIT1701A	
<u>for: zhenon.</u>		0123118	
		2,559.52	

CASH BREAKDOWN			CHECK PAYMENT	
NO. OF PIECES	DENOMINATION	AMOUNT		Name of Bank/Branch
		PESOS	CENTAVOS	
2	P 1,000.00	<u>2000</u>	<u>00</u>	Check Number
1	500.00	<u>500</u>	<u>00</u>	
	200.00			Amount
	100.00			
	50.00			Reminder For Tax Payment thru LANDBANK Express Access Machine (LEAM)
5	20.00	<u>60</u>	<u>00</u>	Kindly ensure that the enclosed cash tallies with the amount indicated in your payment slip. The Taxpayer shall be accountable for any discrepancy between the amount encoded in the machine and the cash actually enclosed in the payment envelope.
	COINS			
TOTAL CASH PAYMENT		<u>2500.52</u>		
FOR PAYMENT VIA DEBIT FROM ACCOUNT				
BANK DEBIT ADVICE NUMBER		ACCOUNT NUMBER		AMOUNT
		Signature Verified by:	Approved by:	Posted by:
DEPOSITOR'S SIGNATURE				



BIR Form No.

1701AJanuary 2018 (ENCS)
Page 1**Annual Income Tax Return**

Individuals Earning Income PURELY from Business/Profession

[Those under the graduated income tax rates with OSD as mode of deductions]

OR those who opted to avail of the 8% flat income tax rate]

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes
with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer

1701A 01/18 P1

1 For the Year (MM/YYYY) **12 2018** 2 Amended Return? Yes No 3 Short Period Return? Yes No**PART I - BACKGROUND INFORMATION ON TAXPAYER/FILER**

4 Taxpayer Identification Number (TIN)	5 RDO Code	6 Taxpayer Type
921 - 542 - 538 - 000	090	<input checked="" type="radio"/> Single Proprietor <input type="radio"/> Professional
7 Alphanumeric Tax Code (ATC)	<input type="radio"/> II012 Business Income-Graduated IT Rates <input type="radio"/> II015 Business Income-8% IT Rate	
8 Taxpayer's Name (Last Name, First Name, Middle Name)	JADLOC JONATHAN MOSES CANANUA, NA NA	
9 Registered Address (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)	ZONE V, SOGOD SOUTHERN LEYTE	
10 Date of Birth (MM/DD/YYYY)	11 Email Address	9A Zip Code 6606
04/24/1973	drjayjadloc@gmail.com	
12 Citizenship	13 Claiming Foreign Tax Credits?	14 Foreign Tax Number, if applicable
FILIPINO	<input type="radio"/> Yes <input checked="" type="radio"/> No	
15 Contact Number (Landline/Cellphone No.)	16 Civil Status	17 If married, spouse has income?
0	<input type="radio"/> Single <input checked="" type="radio"/> Married <input type="radio"/> Legally Separated <input type="radio"/> Widower	<input checked="" type="radio"/> Yes <input type="radio"/> No
19 Tax Rate	<input checked="" type="radio"/> Graduated Rates with OSD as method <input type="radio"/> 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of the NIRC. <small>[available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]</small>	

PART II - TOTAL TAX PAYABLE (DO NOT enter Centavos. 49 Centavos or less drop down. 50 or more round up)

Particulars	A) Taxpayer/Filer	B) Spouse
20 Tax Due	56,081.58	20B
21 Less: Total Tax Credits/Payments	53,522.06	21B
22 Tax Payable/(Overpayment) (Item 20 Less Item 21)	2,559.52	22B
23 Less Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of item 20)	0.00	23B
24 Amount of Tax Required to be Paid upon Filing/(Overpayment) (Item 22 Less Item 23)	2,559.52	24B
Add: Penalties 25 Surcharge	0.00	25B
26 Interest	0.00	26B
27 Compromise	0.00	27B
28 Total Penalties (Sum of Items 25 to 27)	0.00	28B
29 Total Amount Payable/(Overpayment) (Sum of Items 24 and 28)	2,559.52	29B
30 Aggregate Amount Payable/(Overpayment) (Sum of Items 29A and 29B)	30	2,559.52

If overpayment, mark one(1) box only. (Once the choice is made, the same is irrevocable)

 To be refunded To be issued a Tax Credit Certificate (TCC) To be carried over as a tax credit for next year/quarter

I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter and indicate TIN)

JONATHAN MOSES C. JADLOC

Printed Name and Signature of Taxpayer/Authorized Representative & TIN

31 Number of Attachments **0****PART III - DETAILS OF PAYMENT**

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
32 Cash/Bank Debit Memo				
33 Check				
34 Tax Debit Memo				
35 Others (specify below)				

LAND BANK OF THE PHILIPPINES

Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)

BANK CODE: 086393

RDO NO. 090

TELLER:

DATE: 7-15-17

Annual Income Tax Return

Individuals Earning Income PURELY from Business/Profession
 [Those under the graduated income tax rates with OSD as mode of deductions
 OR those who opted to avail of the 8% flat income tax rate]



1701A 01/18 P2

TIN 921 542 538 000	Taxpayer/Filer's Last Name JADLOC JONATHAN MOSES CANANUA
------------------------	---

PART IV - COMPUTATION OF INCOME TAX

If Optional Standard Deductions (OSD), fill in Items 36 to 46; If 8%, fill in Items 47 to 56

IV.A - For Graduated Income Tax Rates

36 Sales/Revenues/Receipts/Fees

A) Taxpayer/Filer

B) Spouse

36A 840,543.83 36B 0.00

37 Less: Sales Returns, Allowances and Discounts

37A 0.00 37B 0.00

38 Net Sales/Revenues/Receipts/Fees (Item 36 Less Item 37)

38A 840,543.83 38B 0.00

39 Less: Allowable Deduction - Optional Standard Deduction (OSD) (40% of Item 38)

39A 336,217.53 39B 0.00

40 Net Income (Item 38 Less Item 39)

40A 504,326.30 40B 0.00

Add: Other Income (specify below)

41A 0.00 41B 0.00

41

42A 0.00 42B 0.00

(add more)

43 Amount Received/Share in income by a Partner from General Professional Partnership (GPP)

43A 0.00 43B 0.00

44 Total Other Income (Sum of Items 41 to 43)

44A 0.00 44B 0.00

45 Total Taxable Income (Sum of Items 40 and 44)

45A 504,326.30 45B 0.00

46 TAX DUE (Item 45 x Applicable Tax Rate based on Tax Table below) (To Part II - Item 20)

46A 56,081.58 46B 0.00

IV.B - For 8% Income Tax Rate (Those whose sales/receipts/others did not exceed P3M and opted at the initial quarter for this rate)

47 Sales/Revenues/Receipts/Fees

47A 0.00 47B 0.00

48 Less: Sales Returns, Allowances and Discounts

48A 0.00 48B 0.00

49 Net Sales/Revenues/Receipts/Fees (Item 47 Less Item 48)

49A 0.00 49B 0.00

Add: Other Non-Operating Income (specify below)

50

50A 0.00 50B 0.00

51

51A 0.00 51B 0.00

(add more)

52 Total Other Non-operating Income (Sum of Items 50 and 51)

52A 0.00 52B 0.00

53 Total Taxable Income (Sum of Items 49 and 52)

53A 0.00 53B 0.00

54 Less: Allowable reduction from gross sales/receipts and other non-operating income of PURELY self-employed individuals and/or professionals in the amount of P 250,000

54A 0.00 54B 0.00

55 Taxable Income/(Loss) (Item 53 Less Item 54)

55A 0.00 55B 0.00

56 TAX DUE (Item 55 x 8% Income Tax Rate) (To Part II - Item 20)

56A 0.00 56B 0.00

IV.C - Tax Credits/Payments (attach proof)

57 Prior Year's Excess Credits

57A 0.00 57B 0.00

58 Tax Payments for the First Three (3) Quarters

58A 5,421.70 58B 0.00

59 Creditable Tax Withheld for the First Three (3) Quarters

59A 0.00 59B 0.00

60 Creditable Tax Withheld per BIR Form No. 2307 for the 4th Quarter

60A 48,100.36 60B 0.00

61 Tax Paid in Return Previously Filed, if this is an Amended Return

61A 0.00 61B 0.00

62 Foreign Tax Credits, if applicable

62A 0.00 62B 0.00

63 Other Tax Credits/Payments (specify)

63A 0.00 63B 0.00

64 Total Tax Credits/Payments (Sum of Items 57 to 63) (To Part II - Item 21)

64A 53,522.06 64B 0.00

65 Net Taxable/(Overpayment) (Item 46 OR 56 Less Item 64) (To Part II - Item 22)

65A 2,559.52 65B 0.00

PART V - BACKGROUND INFORMATION ON SPOUSE

66 Spouse's Taxpayer Identification Number (TIN)

67 RDO Code

68 Filer's Spouse Type

 Single Proprietor Professional

69 Alphanumeric Tax Code (ATC)

 II012 Business Income-Graduated IT Rates II014 Income from Profession-Graduated IT Rates II015 Business Income-8% IT Rate II017 Income from Profession-8% IT Rate

70 Spouse's Name (Last Name, First Name, Middle Name)

71 Contact Number

72 Citizenship

73 Claiming Foreign Tax Credits?

 Yes No

74 Foreign Tax Number, if applicable

75 Tax Graduated Rates with OSD as method 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of the NIRC, Rate of deduction [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]

DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOGY
BAGARES EXT., ZONE V, SOGOD
SOUTHERN LEYTE
TIN 921-542-538-000

MONTHLY ALPHALIST OF PAYEES (MAP)
(RETURN FOR 2018)

SEQ. NO.	TIN	REGISTERED NAME (ALPHALIST)	RETURNED PERIOD	ATC	NATURE OF INCOME PAYMENT	TAX RATE	AMOUNT	TAX WITHHELD
MM/YY								
1	917-374-666-003	HAVILAH POLYMEDIC	10/2018		Medical practice thru hospital	0.08	8,148.00	651.84
2	917-374-666-003	HAVILAH POLYMEDIC	10/2018		Medical practice thru hospital	0.08	30,698.64	2,455.89
3	917-374-666-003	HAVILAH POLYMEDIC	10/2018		Medical practice thru hospital	0.08	5,880.00	470.40
4	917-374-666-003	HAVILAH POLYMEDIC	10/2018		Medical practice thru hospital	0.08	18,294.00	1,463.52
5	917-374-666-003	HAVILAH POLYMEDIC	10/2018		Medical practice thru hospital	0.08	3,150.00	252.00
6	004-310-229-000	PROVINCIAL GOVERNMENT OF SO.LEYTE	3/2018-4/2018	WI 157	Medical practice thru hospital	0.08	5,076.00	406.08
7	289-900-966-000	SOULEY MD SERVICES INC.	6/2018	WI 150	Medical practice thru hospital	0.15	9,330.00	1,399.50
8	000-752-637-000	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC	6/2018	WI151	Medical practice thru hospital	0.1	45,480.00	4,548.00
9	000-752-637-000	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC	5/2018	WI151	Medical practice thru hospital	0.1	37,860.00	3,786.00
10	000-752-637-000	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC	7/2018	WI151	Medical practice thru hospital	0.1	94,770.00	9,477.00
11	000-752-637-000	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC	01/2018	WI151	Medical practice thru hospital	0.15	20,010.00	3,001.50
12	000-752-637-000	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC	01/2018	WI151	Medical practice thru hospital	0.15	34,890.00	5,233.50
13	289-900-966-000	SOULEY MD SERVICES INC.	10/2018	WI 150	Medical practice thru hospital	0.05	3,000.00	150.00
14	289-900-966-000	SOULEY MD SERVICES INC.	10/2018	WI 150	Medical practice thru hospital	0.05	27,240.00	1,362.00
15	289-900-966-000	SOULEY MD SERVICES INC.	10/2018	WI 150	Medical practice thru hospital	0.05	17,100.00	855.00
16	289-900-966-000	SOULEY MD SERVICES INC.	08/2018	WI 150	Medical practice thru hospital	0.05	10,680.00	534.00
17	289-900-966-000	SOULEY MD SERVICES INC.	01/2018	WI 150	Medical practice thru hospital	0.05	125,189.50	6,259.48
18	000-752-637-000	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC	02/2018	WI 151	Medical practice thru hospital	0.15	17,008.50	2,551.28
19	289-900-966-000	SOULEY MD SERVICES INC.	02/2018	WI 150	Medical practice thru hospital	0.05	2,167.50	108.38
20	000-752-637-000	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC	03/2018	WI 151	Medical practice thru hospital	0.15	20,000.00	3,000.00
21	289-900-966-000	SOULEY MD SERVICES INC.	03/2018	WI 150	Medical practice thru hospital	0.05	2,700.00	135.00
							538,672.14	48,100.36

Certificate of Creditable Tax Withheld At Source

BIR Form No

2307

September 2005 (ENCS)

1 For the Period		From 10 01 18 (MM/DD/YY)	To 12 31 18 (MM/DD/YY)			
Part I Payee Information						
2 Taxpayer Identification Number	921 542 538 000					
3 Payee's Name	JADLOC, JONATHAN MOSES C.					
4 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
5 Foreign Address	SOGOD, SO. LYTE					
6 Taxpayer Identification Number	917 374 666 003					
7 Payor's Name	HAVILAH POLYMEDIC					
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
	BAGARES EXT ZONE V SOGOD SO LEYTE					
				4A Zip Code 6606		
				5A Zip Code		
Payor Information						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter		
professional fees paid to medical practitioners thru hospital	WI 151		8,148 00		8,148 00	651 84
Total		-	8,148.00	-	8,148.00	651.84
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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</p>						
KHAREN P. JADLOC		917-374-666-000		PROPRIETOR		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory		
Tax Agent Accreditation No /Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry		
Conforme JONATHAN MOSES C. JADLOC Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		921-542-538-000		PROPRIETOR		
		TIN of Signatory		Title/Position of Signatory		
Tax Agent Accreditation No /Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry		

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period		From 10 01 18 (MM/DD/YY)	To 12 31 18 (MM/DD/YY)			
PART I						
Payee Information						
2 Taxpayer Identification Number	921 542 538 000					
3 Payee's Name	JADLOC, JONATHAN MOSES C.					
4 Registered Address	(Last Name, First Name, Middle Name for individuals) (Registered Name for Non-individuals) SOGOD, SO. LYTE					
5 Foreign Address						
6 Taxpayer Identification Number	917 374 666 003					
7 Payor's Name	HAVILAH POLYMEDIC					
8 Registered Address	(Last Name, First Name, Middle Name for individuals) (Registered Name for Non-individuals) BAGARES EXT ZONE V SOGOD SO LEYTE					
4A Zip Code	6606					
5A Zip Code						
Payor Information						
6 Taxpayer Identification Number	917 374 666 003					
7 Payor's Name	HAVILAH POLYMEDIC					
8 Registered Address	BAGARES EXT ZONE V SOGOD SO LEYTE					
8A Zip Code	6606					
PART II						
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter	
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter		Total
professional fees paid to medical practitioners thru hospital	WI 151			30,698.64	30,698.64	2,455.89
Total		-	-	30,698.64	30,698.64	2,455.89
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total		-	-	30,698.64	30,698.64	2,455.89
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.						
KHAREN P. JADLOC		917-374-666-000		PROPRIETOR		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory		
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry		
Conforme: JONATHAN MOSES C. JADLOC		921-542-538-000		PROPRIETOR		
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory		
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry		

Certificate of Creditable Tax Withheld At Source

BIR Form No

2307

September 2005 (ENCS)

1 For the Period		From 10	01	18	(MM/DD/YY)	To 12	31	18	(MM/DD/YY)
Part I Payee Information									
2 Taxpayer Identification Number	921 542 538 000								
3 Payee's Name	JADLOC, JONATHAN MOSES C.								
4 Registered Address	SOGOD, SO. LYTE				(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
5 Foreign Address					4A Zip Code 6606				
6 Taxpayer Identification Number	917 374 666 003								
7 Payor's Name	HAVILAH POLYMEDIC								
8 Registered Address	BAGARES EXT ZONE V SOGOD SO LEYTE				(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
					8A Zip Code 6606				
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter									
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter			
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total				
professional fees paid to medical practitioners thru hospital	WI 151		3,150 00		3,150 00	252 00			
Total		-	3,150 00	-	3,150.00	252.00			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
Total									
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.</p>									
KHAREN P. JADLOC		917-374-666-000			PROPRIETOR				
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory			Title/Position of Signatory				
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance			Date of Expiry				
Conforme JONATHAN MOSES C. JADLOC		921-542-538-000			PROPRIETOR				
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory			Title/Position of Signatory				
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance			Date of Expiry				

Certificate of Creditable Tax Withheld At Source

2307

September 2005 (ENCS)

1 For the Period From	03 1 18	(MM/DD/YY)	To	04 30 18	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number						
3 Payee's Name	JONATHAN MOSES JADLOC					
4 Registered Address	SOGOD, SOUTHERN LEYTE					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	004 310 229 000					
7 Payor's Name	PROVINCIAL GOVERNMENT OF SOUTHERN LEYTE					
8 Registered Address	ASUNCION, MAASIN CITY, SOUTHERN LEYTE					
6 Zip Code 6607 5 Zip Code 6600						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
SERVICES	WI 157	5,076.00			8% 406.08	
Total		5,076.00			406.08	
Money Payments Subject to Withholding of Business Tax (Government & Private)						
VAT EXEMPT-SALES OF SERVICES	WV020					
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.</p> <p><u>ARVIN D. ORIT</u> <u>921-612-136-000</u> <u>OIC-PROVINCIAL ACCOUNTANT</u></p> <p>Payor/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) _____ TIN of Signatory _____ Title/Position of Signatory _____</p> <p>Tax Agent Accreditation No /Attorney's Roll No (if applicable) _____ Date of Issuance _____ Date of Expiry _____</p> <p>Conforme _____</p> <p>Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) _____ TIN of Signatory _____ Title/Position of Signatory _____ Date Signed _____</p> <p>Tax Agent Accreditation No /Attorney's Roll No (if applicable) _____ Date of Issuance _____ Date of Expiry _____</p>						

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From	06 01 18	(MM/DD/YY)	To	06 30 17	(MM/DD/YY)
Part I Payee Information					
2 Taxpayer Identification Number	921 542 538 000				
3 Payee's Name	JADLOC, JONATHAN MOSES CANANUA				(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
4 Registered Address	L. REGIS ST., ZONE V SOGOD SOUTHERN LEYTE				5A Zip Code 6606
5 Foreign Address	N/A				5A Zip Code 6606
Payor Information					
6 Taxpayer Identification Number	289 900 966 000				
7 Payor's Name	SOULEY MD SERVICES INC.				(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	L. REGIS ST., ZONE V SOGOD SOUTHERN LEYTE				6A Zip Code 6606
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total
Payments for medical/dental veterinary services thru hospital/ clinics/health maintenance organizations including directs to services providers if current year's gross income does not exceed P720,000.00	WI 150			9 330 00	9 330 00 1 399 50
Total				9 330 00	1 399 50
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
We declare, under the penalty of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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					
JONATHAN MOSES C. JADLOC, MD		921-542-538		PROPRIETOR	
Payor/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory	
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry	
Conforms to JONATHAN MOSES C. JADLOC, MD		921-542-538		MEDICAL DIRECTOR	
Payor/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory Date Signed	
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry	



For the Period		From	06	01	18	(MM/DD/YY)	To	06	30	18	(MM/DD/YY)
Part I											
Payee Information											
2 Taxpayer Identification Number	921 542 538 000										
3 Payee's Name	JADLOC JONATHAN MOSES C.					(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	ZONE V, SOGOD, SOUTHERN LEYTE					4A Zip Code		6606			
5 Foreign Address						5A Zip Code					
Payor Information											
6 Taxpayer Identification Number	000 752 637 000										
7 Payor's Name	Consuelo K. Tan Memorial Medical Center, Inc.					(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	Zone II, Sogod, Southern Leyte					8A Zip Code		6606			
PART II											
Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
Professional Fees paid											
to Medical Practitioners											
thru Hospital	WI151			45,480 00	45,480 00	4,548 00					
Total		-	-	45,480 00	45,480 00	4,548 00					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Total		-	-	45,480 00	45,480 00	4,548 00					
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.											
<u>ASUNCION E. ONTING</u>		174-371-950				BOOKKEEPER					
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory				Title/Position of Signatory					
Tax Agent Accreditation No /Attorney's Roll No. (if applicable)		Date of Issuance				Date of Expiry					
Conforme:											
<u>JONATHAN MOSES C. JADLOC</u>		921-542-538				PHYSICIAN					
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory				Title/Position of Signatory					
Tax Agent Accreditation No /Attorney's Roll No. (if applicable)		Date of Issuance				Date of Expiry					



Certificate of Creditable Tax Withheld At Source

2307

September 2005 (ENCS)

1 For the Period		From 05 01 18 (MM/DD/YY)	To 05 31 18 (MM/DD/YY)		
Part I Payee Information					
2 Taxpayer Identification Number	921 542 538 000				
3 Payee's Name	JADLOC JONATHAN MOSES C.				
4 Registered Address	ZONE V, SOGOD, SOUTHERN LEYTE				
5 Foreign Address					
Payor Information					
6 Taxpayer Identification Number	000 752 637 000				
7 Payor's Name	Consuelo K. Tan Memorial Medical Center, Inc.				
8 Registered Address	Zone II, Sogod, Southern Leyte				
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
Professional Fees paid to Medical Practitioners thru Hospital	WI151		37,860.00	37,860.00	3,786.00
Total			37,860.00	37,860.00	3,786.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total			37,860.00	37,860.00	3,786.00
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.					
ASUNCION E. ONTING Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		174-371-950 TIN of Signatory		BOOKKEEPER Title/Position of Signatory	
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry	
Conforme					
JONATHAN MOSES C. JADLOC Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		921-542-538 TIN of Signatory		PHYSICIAN Title/Position of Signatory	
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry	



Certificate of Creditable Tax Withheld At Source

2307

September 2005 (ENCS)

From 07 01 18			(MM/DD/YY)			To 07 31 18	(MM/DD/YY)		
Part I Payee Information									
2 Taxpayer Identification Number	921			542		538		000	
3 Payee's Name	JADLOC, JONATHAN MOSES C.								
4 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) ZONE V, SOGOD, SOUTHERN LEYTE								
5 Foreign Address									
Payor Information									
6 Taxpayer Identification Number	000			752		637		000	
7 Payor's Name	Consuelo K. Tan Memorial Medical Center, Inc.								
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) Zone II, Sogod, Southern Leyte								
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter									
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter			
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total				
Professional Fees paid to Medical Practitioners	WI151	94,770.00			94,770.00	9,477.00			
Total		94,770.00	-	-	94,770.00	9,477.00			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
Total		94,770.00	-	-	94,770.00	9,477.00			
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.									
<u>ASUNCION E. ONTING</u> Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		174-371-950 TIN of Signatory		BOOKKEEPER Title/Position of Signatory					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry					
Conforme									
<u>JONATHAN MOSES C. JADLOC</u> Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		921-542-538 TIN of Signatory		PHYSICIAN Title/Position of Signatory					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry					



**Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas**

**Certificate of Creditable Tax
Withheld At Source**

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period		From	01	01	18	(MM/DD/YY)	To	01	31	18	(MM/DD/YY)
Payee Information											
2 Taxpayer Identification Number	921 542 538 000										
3 Payee's Name	JADLOC, JONATHAN MOSES, C. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
4 Registered Address	ZONE V, SOGOD, SOUTHERN LEYTE					4A Zip Code		6606			
5 Foreign Address						5A Zip Code					
Payor Information											
6 Taxpayer Identification Number	000 752 637 000										
7 Payor's Name	Consuelo K. Tan Memorial Medical Center, Inc. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
8 Registered Address	Zone II, Sogod, Southern Leyte					8A Zip Code		6606			
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
Professional Fees paid											
to Medical Practitioners											
thru Hospital	WI151	20,010 00			20,010 00	3,001 50					
Total		20,010 00			20,010 00	3,001 50					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Total		20,010 00	-	-	20,010 00	3,001 50					
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.											
ASUNCION E. ONTING		174-371-950			BOOKKEEPER						
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory			Title/Position of Signatory						
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance			Date of Expiry						
Conforme:											
JONATHAN MOSES C. JADLOC		921-542-538			PHYSICIAN						
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory			Title/Position of Signatory						
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance			Date of Expiry						



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

BIR Form No
2307
September 2005 (ENCS)

Certificate of Creditable Tax Withheld At Source

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENC5)

For the Period	From	10	01	18	(MM/DD/YY)	To	10	31	18	(MM/DD/YY)	
Part I Payee Information											
2 Taxpayer Identification Number	921 542 538 000										
3 Payee's Name	JADLOC, JONATHAN MOSES CANANUA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
4 Registered Address	ZONE II SOGOD SO. LEYTE				Zip Code		6606				
5 Foreign Address	N/A				Zip Code		6500				
Payor Information											
6 Taxpayer Identification Number	289 900 966 000										
7 Payor's Name	SOULEY MD SERVICES INC., (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
8 Registered Address	VELOSO ST.BRGY. RIZAL, SOGOD SOUTHERN LEYTE				Zip Code		6606				
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
Payments for medical/dental	WI 150				3,000.00	150.00					
veterinary services thru hospital/clinics/health maintenance					27,240.00	1,362.00					
organizations including directs to services providers if current year's gross income does not exceed P720,000.00					17,100.00	855.00					
Total					47,340.00	2,367.00					
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 me, and to the best of my knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.											
KHAREN P. JADLOC		921-542-538-000									
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory				Title/Position of Signatory					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance				Date of Expiry					
Conforme: JOSE LITO P. TRUMATA		910-984-303-000				MEDICAL DIRECTOR					
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory				Title/Position of Signator					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance				Date of Expiry					

Certificate of Creditable Tax

2307

September 2005 (ENCS)

1 For the Period			08	01	18	(MM/DD/YY)	To	0	31	18	(MM/DD/YY)				
Part I			Payee Information												
2 Taxpayer Identification Number			921 542 538 00				8								
3 Payee's Name			JADLOC, JONATHAN MOSES CANANUA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address			ZONE II SOGOD SO. LEYTE				4A Zip Code		6606						
5 Foreign Address			N/A				5A Zip Code		6500						
6 Taxpayer Identification Number			289 900 966 00				Payor Information								
7 Payor's Name			SOULEY MD SERVICES INC., (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address			VELOSO ST.BRGY. RIZAL, SOGOD SOUTHERN LEYTE				8A Zip Code		6606						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter															
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS					Tax Withheld For the Quarter								
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total										
Payments for medical/dental	WI 150					10,680.00	534.00								
veterinary services thru hospital/															
clinics/health maintenance															
organizations including directs															
to services providers if current															
year's gross income does not exceed P720,000.00															
Total						10,680.00	534.00								
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 me, and to the best of my knowledge and belief, is true and accurate pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.															
JONATHAN MOSES C. JADLOC			921-542-538-000												
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)			TIN of Signatory			Title/Position of Signatory									
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)			Date of Issuance			Date of Expiry									
Conforme:			JOSE LITO P. TRUMATA			910-984-303-000			MEDICAL DIRECTOR						
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)			TIN of Signatory			Title/Position of Signatory			Date Signed						
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)			Date of Issuance			Date of Expiry									



**Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas**

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From	03	01	18	(MM/DD/YY)	To	03	31	18	(MM/DD/YY)															
Part I Payee Information																								
2 Taxpayer Identification Number	921	542	538	000																				
3 Payee's Name	JADLOC, JONATHAN MOSES CANANUA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)																							
4 Registered Address	BAGARES EXT., ZONE V, SOGOD, SOUTHERN LEYTE					4A Zip Code	6606																	
5 Foreign Address	N/A					5A Zip Code																		
Payor Information																								
6 Taxpayer Identification Number	289	900	966	000																				
7 Payor's Name	SOULEY MD SERVICES (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)																							
8 Registered Address	L. REGIS ST. ZONE V, SOGOD, SOUTHERN LEYTE					8A Zip Code	6606																	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter																								
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter																		
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total																			
Payments for medical/dental	WI150			2,700 00	2,700 00	135 00																		
veterinary services thru hospital/clinics/health maintenance																								
organizations including directs																								
to services providers if current																								
year's gross income																								
exceed 720,000.00																								
Total				2,700 00	135.00																			
Money Payments Subject to Withholding of Business Tax (Government & Private)																								
Total																								
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <u>JONATHAN MOSES C. JADLOC, MD</u> Payor/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) </td> <td style="width: 30%; vertical-align: top;"> 921-542-538 TIN of Signatory </td> <td style="width: 40%; vertical-align: top;"> PROPRIETOR Title/Position of Signatory </td> </tr> <tr> <td colspan="2"> Tax Agent Accreditation No /Attorney's Roll No. (if applicable) </td> <td>Date of Issuance</td> <td>Date of Expiry</td> </tr> <tr> <td colspan="2"> Conforms: <u>JONATHAN MOSES C. JADLOC, MD</u> Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) </td> <td> 921-542-538 TIN of Signatory </td> <td> MEDICAL DIRECTOR Title/Position of Signatory </td> </tr> <tr> <td colspan="2"></td> <td></td> <td>Date Signed</td> </tr> </table>										<u>JONATHAN MOSES C. JADLOC, MD</u> Payor/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	921-542-538 TIN of Signatory	PROPRIETOR Title/Position of Signatory	Tax Agent Accreditation No /Attorney's Roll No. (if applicable)		Date of Issuance	Date of Expiry	Conforms: <u>JONATHAN MOSES C. JADLOC, MD</u> Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		921-542-538 TIN of Signatory	MEDICAL DIRECTOR Title/Position of Signatory				Date Signed
<u>JONATHAN MOSES C. JADLOC, MD</u> Payor/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	921-542-538 TIN of Signatory	PROPRIETOR Title/Position of Signatory																						
Tax Agent Accreditation No /Attorney's Roll No. (if applicable)		Date of Issuance	Date of Expiry																					
Conforms: <u>JONATHAN MOSES C. JADLOC, MD</u> Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		921-542-538 TIN of Signatory	MEDICAL DIRECTOR Title/Position of Signatory																					
			Date Signed																					
Tax Agent Accreditation No /Attorney's Roll No. (if applicable) Date of Issuance Date of Expiry																								

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period		From > 03 01 18 (MM/DD/YY)	To > 03 31 18 (MM/DD/YY)			
Part I						
Payee Information						
2 Taxpayer Identification Number	921 542 538 000					
3 Payee's Name	JADLOC, JONATHAN MOSES CANANUA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	BAGARES EXT., ZONE V, SOGOD, SOUTHERN LEYTE			4A Zip Code	► 6606	
5 Foreign Address	N/A			5A Zip Code	►	
Payor Information						
6 Taxpayer Identification Number	000 752 637 000					
7 Payor's Name	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	ZONE II, SOGOD, SOUTHERN LEYTE			8A Zip Code	► 6606	
PART II						
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professional Fees paid to Medical Practitioners thru Hospital	WI151			20,000.00	20,000.00	3,000.00
Total				20,000.00	20,000.00	3,000.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total				20,000.00	20,000.00	3,000.00
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.						
ASUNCION E. ONTING		174-371-950		BOOKKEEPER		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory		
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry		
Conforme: JONATHAN MOSES C. JADLOC, MD		921-542-538		PHYSICIAN		
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory Date Signed		
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry		



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

BIR Form No
2307
September 2005 (ENCS)

Certificate of Creditable Tax Withheld At Source



**Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas**

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From	02	01	18	(MM/DD/YY)	To	02	28	18	(MM/DD/YY)	
Part I Payee Information										
2 Taxpayer Identification Number	921	542	538	000						
3 Payee's Name	JADLOC, JONATHAN MOSES CANANUA									
4 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
	BAGARES EXT., ZONE V, SOGOD, SOUTHERN LEYTE								4A Zip Code	6606
5 Foreign Address	N/A								5A Zip Code	
Payor Information										
6 Taxpayer Identification Number	000	752	637	000						
7 Payor's Name	CONSUELO K. TAN MEMORIAL MEDICAL CENTER, INC.									
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
	ZONE II, SOGOD, SOUTHERN LEYTE								8A Zip Code	6606
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter										
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter				
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total					
Professional Fees paid to Medical Practitioners thru Hospital	WI151		17,008.50		17,008.50	2,551.28				
Total					17,008.50	2,551.28				
Money Payments Subject to Withholding of Business Tax (Government & Private)										
Total										
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.</p>										
ASUNCION E. ONTING		174-371-950		BOOKKEEPER						
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory						
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry						
Conforme: JONATHAN MOSES C. JADLOC, MD		921-542-538		PHYSICIAN						
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory						
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry						



**Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas**

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

**DR. JAY C. JADLOC INTERNAL MEDICINE
AND DIABETLOC**
Sogod, Southern Leyte

**AUDITOR'S REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(With comparative figures of 2017)**

Auditor's Opinion
Statement of Management Responsibility
Statements of Financial Condition
Statements of Operation
Statement of Cash Flow
Statement of Owner's capital
Notes to Financial Statements

CONCESO S. ARRIOLA C.P.A.
Talisay, Libagon, Southern Leyte

REPORT OF INDEPENDENT PUBLIC ACCOUNTANT

DR. JAY C. JADLOC

Practitioner

DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC

Sogod, Southern Leyte

Report on the Audit of the Financial Statements

Opinion

I have audited the financial statements of DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC, which comprise the statements of financial position as at December 31, 2018 and 2017 and the statements of financial operation, statements of changes in equity and statements of cash flows for the years then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present sent fairly, in all material respects, the financial position of the DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC as at December 31, 2018 and 2017 and its financial performance and its cash flows for the years then ended in accordance with Philippine Financial Reporting Standards for Small Entities(PFRSs).

Basis for Opinion

I conducted the audits in accordance with Philippine Standards on Auditing (PSAs). My responsibility under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the Company in accordance with the Code of Ethics for Professional Accountants in the Philippines (Code of Ethics) together with the ethical requirements that are relevant to my audit of the financial statements in the Philippines, and I have fulfilled my other ethical responsibilities in accordance with these requirements and the Code of Ethics. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

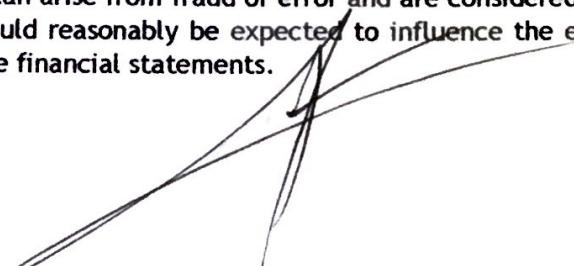
Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with PFRSs, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

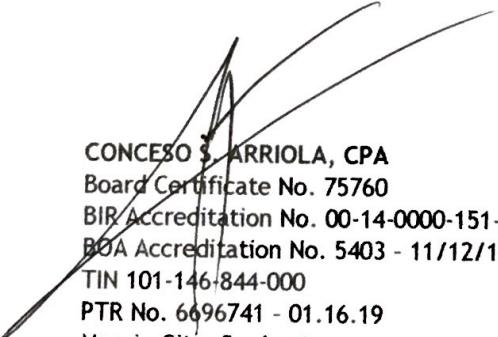
My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with PSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.



As part of an audit in accordance with PSAs, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- a.) identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- b.) Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- c.) Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- d.) Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. Our conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- e.) Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



CONCESO S. ARRIOLA, CPA

Board Certificate No. 75760

BIR Accreditation No. 00-14-0000-151-2017 -3/24/17 to 3/24/20

BOA Accreditation No. 5403 - 11/12/18 to 1/24/21

TIN 101-146-844-000

PTR No. 6696741 - 01.16.19

Maasin City, So. Leyte

Libagon, Southern Leyte

April 13, 2019

STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

The management of DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC, Sogod, Southern Leyte is responsible for all information and representations contained in the financial statements for the fiscal year ended December 31, 2018. The financial statements have been prepared in conformity with generally accepted accounting principles and reflect amounts that are based on the best estimates and informed judgment of management with an appropriate consideration of materiality.

In this regard, the management maintains a system of accounting and reporting which provides for the necessary internal controls and ensure that transactions are properly authorized and recorded, assets are safeguarded against unauthorized use or disposition and liabilities are recognized.

The Proprietor reviews the Financial statements before such statements are approved and submitted to the external users.


DR. JAY C. JADLOC
Practitioner

Signed this _____ day of _____, 2019

STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR ANNUAL INCOME TAX RETURN

The management of DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC, Sogod, Southern Leyte is responsible for all information contained in the Annual Income Tax Return for the year ended, December 31, 2018. Management is likewise responsible for all information and representations contained in the financial statements accompanying Annual Income Tax Return covering the same reporting period. Furthermore, the management is responsible for all information and representations contained in all the other tax returns filed for the reporting period, including, but not limited, to the value added tax and/or percentage tax returns, withholding tax returns, and any all other tax returns.

In this regard, the Management affirms that the attached financial statements for the year ended December 31, 2018 and the accompanying Annual Income Tax Return are in accordance with the books and records of DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC, complete and correct in all material respects. Management likewise affirms that:

- a.) The Annual Income Tax Return has been prepared in accordance with the provisions of the National Internal Revenue Code, as amended and pertinent tax regulations and other issuances of the Department of Finance and the Bureau of Internal Revenue.
- b.) Any disparity of figures in the submitted reports arising from the preparation of financial statements pursuant to financial accounting standards and the preparation of the income tax return pursuant to tax accounting rules has been reported as reconciling items and maintained in the company's books and records in accordance with the requirements of Revenue Regulations No. 8-2007 and other relevant issuances.
- c.) DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC, has filed all applicable tax returns, reports and statements required to be filed under Philippine tax laws for the reporting period, and all taxes and other impositions shown thereon to be due and payable have been paid for the reporting period, except those contested in good faith.



DR. JAY C. JADLOC
Practitioner

Signed this _____ day of _____, 2019.

CONCESO S. ARRIOLA C.P.A.

Talisay, Libagon, Southern Leyte

DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC

DR. JAY C. JADLOC-PRACTITIONER

L. Regis Street, Zone V, Sogod, Southern Leyte

STATEMENT OF FINANCIAL CONDITION

As of December 31, 2018

(Amounts in Philippine Pesos)

(with comparative figures of 2017)

	Notes	2018	2017	Variance
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	3	719,263.83	694,638.00	24,625.83
Other current assets				
Total Current Assets		719,263.83	694,638.00	24,625.83
NON-CURRENT ASSETS				
Properties and Equipment			-	-
Total Non-Current Assets			-	-
TOTAL ASSETS		719,263.83	694,638.00	24,625.83
LIABILITIES AND EQUITY				
LIABILITIES				
CURRENT LIABILITIES				
Loans Payable			-	-
Total Liabilities			-	-
NON-CURRENT LIABILITIES			-	-
Other Non-Current Liabilities			-	-
Total Non-Current Liabilities		-	-	-
TOTAL LIABILITIES		-	-	-
EQUITY				
Owners Capital	SOC	719,263.83	694,638.00	24,625.83
TOTAL EQUITY		719,263.83	694,638.00	24,625.83
TOTAL LIABILITIES AND EQUITY		719,263.83	694,638.00	24,625.83

See accompanying notes to financial statements



CONCESO S. ARRIOLA C.P.A.

Talisay, Libagon, Southern Leyte

DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC

DR. JAY C. JADLOC-PRACTITIONER

L. Regis Street, Zone V, Sogod, Southern Leyte

STATEMENT OF FINANCIAL OPERATION

For the year ended December 31, 2018

(Amounts in Philippine Pesos)

(with comparative figures of 2017)

	Notes	2018	2017
REVENUES			
Service Income	4	840,543.83	2,416,930.00
TOTAL REVENUES		840,543.83	2,416,930.00
EXPENSES			
Administrative expenses	5	315,918.00	672,292.00
Total Expenses		315,918.00	672,292.00
Net Income before tax		524,625.83	1,744,638.00
Less: Provision for Income Tax			
Net Income after tax		524,625.83	1,744,638.00

See accompanying notes to financial statements



CONCESO S. ARRIOLA C.P.A.

Talisay, Libagon, Southern Leyte

DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC

DR. JAY C. JADLOC-PRACTITIONER

L. Regis Street, Zone V, Sogod, Southern Leyte

STATEMENT OF CASH FLOW

For the year ended December 31, 2018

(Amount in Philippine pesos)

(with comparative figures of 2017)

	2018	2017
CASH FLOWS FROM OPERATING ACTIVITIES		
Net Income(Loss)	524,625.83	1,744,638.00
Adjustment to reconcile net income to net cash provided by operating activities		
Depreciation Expense		
Changes in assets and Liabilities		
Decrease(increase) in:		
Other Current Assets		
Increase(decrease) in:		
Other Current liabilities		
Net cash provided by(used) in operating activities	524,625.83	1,744,638.00
CASH FLOWS FROM INVESTING ACTIVITIES		
Acquisition of fixed assets	-	-
Net Cash provided by(used) in investing activities	-	-
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment of loans payable	-	-
Drawings	(500,000.00)	(1,700,000.00)
Net Cash provided by(used in) financing activities	(500,000.00)	(1,700,000.00)
NET INCREASE(DECREASE) IN CASH	24,625.83	44,638.00
ADD: CASH AND CASH EQUIVALENTS, JANUARY 1	694,638.00	650,000.00
CASH AND CASH EQUIVALENTS, DECEMBER 31	719,263.83	694,638.00



CONCESO S. ARRIOLA C.P.A.

Talisay, Libagon, Southern Leyte

DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC

DR. JAY C. JADLOC-PRACTITIONER

L. Regis Street, Zone V, Sogod, Southern Leyte

STATEMENT OF OWNER'S CAPITAL

For the years ended December 31, 2018

(Amounts in Philippine Pesos)

(with comparative figures of 2017)

	2018	2017
DR. JAY C. JADLOC, CAPITAL		
Beginning Balance	694,638.00	650,000.00
Add: Net Income	524,625.83	1,744,638.00
Less: Withdrawal in Capital	(500,000.00)	(1,700,000.00)
Ending balance	719,263.83	694,638.00

See accompanying notes to financial statements



CONCESO S. ARRIOLA C.P.A.
Talisay, Libagon, Southern Leyte

**DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC
NOTES TO FINANCIAL STATEMENTS
December 31, 2018**

1. ORGANIZATION

DR. JAY C. JADLOC INTERNAL MEDICINE AND DIABETLOC is a duly organized and registered law office with the Government of the Philippines as a sole proprietorship business with businesses engaged in delivering legal services to clients. The registered address of the business is Sogod, Southern Leyte.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

FINANCIAL REPORTING AND FINANCIAL ACCOUNTING STANDARDS

Basis of Preparation. The business financial statements have been prepared in conformity with accounting standards and reporting practices of Business in the Philippines and as set forth in the Philippine Financial Reporting Standards(PFRS), revised Philippine Accounting Standards(PAS), the applicable practices, and rules and regulations of the industry. The accompanying financial statements have been prepared under the historical cost convention.

FINANCIAL ASSETS

Financial Assets includes Cash and other financial instruments. These are classified into current assets and non-current assets. Current Asset is an asset on the balance sheet date which is expected to be sold or otherwise use up in the near future, usually within one year or one business cycle whichever is longer. Non-current asset is an asset which is not readily convertible to cash or not expected to become cash within the next year.

CURRENT ASSETS

Cash and cash equivalents

Cash on hand are valued at face amount.

NON-CURRENT ASSETS

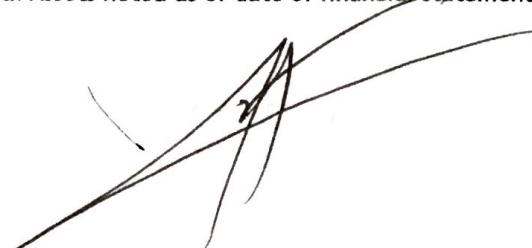
Property and Equipment

Property and equipment are carried at cost less accumulated depreciation and any impairment in value. The initial cost of property and equipment consists of its purchase price and any directly attributable costs of bringing assets to its working condition and location for its intended use.

Addition, betterments and major replacements are capitalized while minor repairs and maintenance are charged to expense as incurred. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation and any impairment loss are removed from the account and any resulting gain(loss) is credited(charged) to results of operations for the year.

Impairment of Financial Assets

No impairment of Financial Assets noted as of date of financial statements.



FINANCIAL LIABILITIES

EQUITY

Capital

Capital is the investment of the proprietor of the business.

REVENUES RECOGNITION

Revenue is recognized under PAS 18 & 39 to the extent that is probable that the economic benefits will flow to the Business and the revenue can be measured reliably. Income is recognized upon receipt of cash.

EXPENSE RECOGNITION

Expenses are recognized when incurred and measured reliably. Estimates and judgments are used to measure other expenses which are continually evaluated and are based on historical experience and other factors, including expectations of future events.

ACCOUNTING ESTIMATES

The preparation of financial statement in conformity with generally accepted accounting principles requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Apart from those involving estimations, management has made judgments in the process of applying the Company's accounting policies that have the most significant effect on the amounts recognized in the financial statements.

ACCOUNTING POLICIES, CHANGES IN ACCOUNTING ESTIMATES AND ERRORS

A material prior period is corrected retrospectively in the first set of financial statements authorized for issue after its discovery. The cooperative amount for the prior period(s) presented in which the error occurred and restated; or if the error occurred before the earliest period presented, the opening balances of assets, liabilities and equity for the earliest prior period presented are restarted.

A handwritten signature in black ink, appearing to read "John Smith". It consists of a stylized 'J' followed by 'ohn' and 'mith'.

CONCESO S. ARRIOLA C.P.A.

Talisay, Libagon, Southern Leyte

3 CASH AND CASH EQUIVALENTS

This accounts consists of the following:

	2018	2017
Cash on Hand and in Bank	719,263.83	694,638.00
Total Cash and cash equivalents	719,263.83	694,638.00

4 SERVICE INCOME

	2018	2017
Professional Fees	840,543.83	2,416,930.00
Total	840,543.83	2,416,930.00

5 EXPENSES

This account consists of the following

	2018	2017
Salaries	132,000.00	242,000.00
SSS Contributions	29,300.00	16,800.00
Fuel and lubricant	118,396.00	189,800.00
Depreciation exp.	-	208,692.00
Supplies used	36,222.00	15,000.00
Total	315,918.00	672,292.00

