

Certificate of Creditable Tax Withheld At Source

2307

September 2005 (ENCS)

From • 12 01 1	(MM/DD/)	<u>м) то</u>	Payee Information		IM/DDYY)	
Taxpayer 921	542	538 000	property and the first of the			Tanania kan
Payeo's Name JADLOC, J		OSES CANANUA				
Registered Address		ast Name, First Name,		viduals) (Registered N		
L. REGISS	or., ZONE V S	OGOD SOUTHER	IN LEYTE			Zip Code 6606
Foreign Address N/A	2.652 m2 m3			PARKET THE PARKET AND	5A	Zip Code 6606
Taxpayer Identification Number	900 ,	966 000	Payor Information	•		
Payor's Name SOULEY M	ID SERVICES I	NC.,				
	(Le	st Name, First Name,	Middle Name for Indi	viduals) (Registered N	lame for Non-Individu	als)
Registered Address L. REGIS S	T., ZONE V SC	GOD SOUTHERN	LEYTE		8A	Zip Code 6606
ARTII	De	tails of Monthly Inco	me Payments and T	ex Withheld for the (Quarter	
Income Payments Subject to	ATC AMOUNT OF INCOME PAYMENTS					
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
ayments for medical/dental	WI 150	the Quarter	the Quarter	the Quarter	0.000.00	For the Quarter
veterinary services thru hospital/	VVI 150	 		24,200.00	24,200.00	3,630.0
linics/health maintenance						
rganizations including directs					ij.	
services providers if current					*	*
ear's gross income does not						-
exceed P720,000.00						
THE RESIDENCE OF THE PROPERTY						
						
otal					24,200.00	3.630.0
Money Payments Subject to Withholding						· · · · · · · · · · · · · · · · · · ·
of Business Tax (Government & Private)						18 19 19 19 19 19 19 19 19 19 19 19 19 19
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otal We declare, under the penalties of pe	arjury, that this or	artificate has been ma	de in good faith, verifi	ed by me, and to the I	best of my knowledge	and belief, is true and correct,
ursuant to the provisions of the National to	ternal Revenue	Code, as amended, a	ind the regulations iss	ued under authority th	nereof.	
JONA PAN MOSES Payor/Payor's Authorized Representative (Signature Over Printed N	x Agent			OPRIETOR osition of Signatory		
Tax Agent Accreditation No./Attorney's		able)	Date of Is	suance		Date of Expiry
onforme: JONATHAN MOSES C.	enju.					
JONATHAN MÓSES C.	JADĽOC, MD		921-542-538	MED	DICAL DIRECTOR	Data Cianad