



BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax
Withheld at Source

2307 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Period From

02012024

(MM/DD/YYYY)

To

02292024

(MM/DD/YYYY)

Part I – Payee Information

2 Taxpayer Identification Number (TIN)

636-421-323-00000

3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

MANZANO MERLYN BIENE

4 Registered Address

J.P. LAUREL ST. POBLACION NORTH OTON ILOILO

4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)

008-627-175-00000

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

RIWAY PHILIPPINES INC

8 Registered Address

108P GROUND FLOOR FIVE ECOM CTR PACIFIC DRIVE BRGY 76 PASAY CITY METRO MANILA

8A ZIP Code

1300

| Part III – Details of Monthly Income Payments and Taxes Withheld | | | | | | |
|---|-------|---------------------------|--------------------------|--------------------------|-----------|------------------------------|
| 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 | |
| Commissions rebates discounts and other similar considerations | WI516 | | 15,424.53 | | 15,424.53 | 1,542.45 |
| paid/granted to independent and/or exclusive sales representatives and marketing agents and sub-agents of companies including multi-level marketing companies | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | 15,424.53 | | 15,424.53 | 1,542.45 |
| Money Payments Subject to Withholding of Business Tax (Government & Private) | | | | | | |
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| 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.

MAVEL CORPUZ

FINANCE MANAGER

309965287

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(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./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

| | | | | | | | | | | | |
|---|----------------|------|----|----|------|--------------|----|----|----|------|--------------|
| 1 | For the Period | From | 07 | 01 | 2024 | (MM/DD/YYYY) | To | 07 | 31 | 2024 | (MM/DD/YYYY) |
|---|----------------|------|----|----|------|--------------|----|----|----|------|--------------|

Part I – Payee Information

| | | | | | | | |
|--|-----|---|-----|---|-----|---|-------|
| 2 Taxpayer Identification Number (TIN) | 170 | - | 583 | - | 058 | - | 00000 |
|--|-----|---|-----|---|-----|---|-------|

3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

ESTEBAN SARAH JANE SO

4 Registered Address

12 ROAD 21 BAHAY TORO 1106 PROJECT 8 QUEZON CITY

4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor Information

| | | | | | | | |
|--|-----|---|-----|---|-----|---|-------|
| 6 Taxpayer Identification Number (TIN) | 008 | - | 627 | - | 175 | - | 00000 |
|--|-----|---|-----|---|-----|---|-------|

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

RIWAY PHILIPPINES INC

8 Registered Address

108P GROUND FLOOR FIVE ECOM CTR PACIFIC DRIVE BRGY 76 PASAY CITY METRO MANILA

8A ZIP Code

1300

Part III – Details of Monthly Income Payments and Taxes Withheld

| 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 | |
| Commissions rebates discounts and other similar considerations paid/granted to independent and/or exclusive sales representatives and marketing agents and sub-agents of companies including multi-level marketing companies | WI516 | 21,034.74 | | | 21,034.74 | 2,103.47 |
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| Total | | 21,034.74 | | | 21,034.74 | 2,103.47 |
| Money Payments Subject to Withholding of Business Tax (Government & Private) | | | | | | |
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| 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.

MAVEL CORPUZ

FINANCE MANAGER

309965287

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

| |
|---|
| Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) |
|---|

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(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./ Attorney's Roll No. (if applicable) |
|---|

Date of Issue
(MM/DD/YYYY)Date of Expiry
(MM/DD/YYYY)

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



| | | | | | |
|--|--|--|--|---|--|
| BIR Form No. 2316 September 2021 (ENCS) | | Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld | |  2316 09/21 ENCS | |
| Fill in all applicable spaces. Mark all appropriate boxes with an "X" | | | | | |
| 1 For the Year (YYYY) 2023 | | 2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31 | | | |
| Part I - Employee Information | | Part IV-B Details of Compensation Income and Tax Withheld from Present Employer | | | |
| 3 TIN 296 555 070 0000 | | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | | |
| 4 Employee's Name (Last Name, First Name, Middle Name) CORPUZ, BENJU SAN JOSE | | 5 RDO Code 116 | | | |
| 6 Registered Address BLK 173 LOT 3 PHASE 4 PALIPARAN 3 DASMARINAS CAVITE | | 6A Zip Code | | | |
| 6B Local Home Address | | 6C Zip Code | | | |
| 6D Foreign Address | | 6E Zip Code | | | |
| 7 Date of Birth (MM/DD/YYYY) | | 8 Telephone Number | | | |
| 9 Statutory Minimum Wage rate per day 0.00 | | 29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00 | | | |
| 10 Statutory Minimum Wage rate per month 0.00 | | 30 Holiday Pay (MWE) 0.00 | | | |
| 11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | | 31 Overtime Pay (MWE) 0.00 | | | |
| Part II - Employer Information (Present) | | 32 Night Shift Differential (MWE) 0.00 | | | |
| 12 Taxpayer 008 627 175 0000 | | 33 Hazard Pay (MWE) 0.00 | | | |
| 13 Employer's Name RIWAY (PHILIPPINES) INC. | | 34 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00 | | | |
| 14 Registered Address UNIT 108-P & 5ECTOGF002 G/F FIVE-ECOM CNTR | | 35 De Minimis Benefits 80,129.75 | | | |
| 14A Zip Code 1300 | | 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 20,349.57 | | | |
| 15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer | | 37 Salaries and Other Forms of Compensation 0.00 | | | |
| Part III - Employer Information (Previous) | | 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 190,479.32 | | | |
| 16 TIN | | B. TAXABLE COMPENSATION INCOME REGULAR | | | |
| 17 Employer's Name | | 39 Basic Salary 237,366.82 | | | |
| 18 Registered Address | | 40 Representation | | | |
| 18A Zip Code | | 41 Transportation | | | |
| Part IVA - Summary | | 42 Cost of Living Allowance (COLA) | | | |
| 19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 645,687.18 | | 43 Fixed Housing Allowance | | | |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 190,479.32 | | 44 Others (Specify) | | | |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 455,207.86 | | 44A 217,841.04 | | | |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00 | | 44B | | | |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 455,207.86 | | SUPPLEMENTARY | | | |
| 24 Tax Due 33,541.57 | | 45 Commission | | | |
| 25 Amount of Taxes Withheld | | 46 Profit Sharing | | | |
| 25A Present Employer 33,541.57 | | 47 Fees Including Director's Fees | | | |
| 25B Previous Employer 0.00 | | 48 Taxable 13th Month Pay Benefits 0.00 | | | |
| 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 33,541.57 | | 49 Hazard Pay | | | |
| 27 5% Tax Credit (PERA Act of 2008) 0.00 | | 50 Overtime Pay | | | |
| 28 Total Taxes Withheld (sum of items 26 and 27) 33,541.57 | | 51 Others (Specify) | | | |
| | | 51A | | | |
| | | 51B | | | |
| | | 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 455,207.86 | | | |
| I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of my/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, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173)" for legitimate and lawful purposes. | | | | | |
| 51 JENINA P. MENDIETA Present Employer/ Authorized Agent Signature Over Printed Name | | Date Signed | | | |
| CONFORME: | | | | | |
| 52 BENJU SAN JOSE CORPUZ Employee Signature Over Printed Name | | Date Signed | | | |
| CTC/Valid ID No. of Employee | | Date of Issue | | | |
| Place of Issue | | Amount Paid, if CTC | | | |
| To be accomplished under substituted filing | | | | | |
| 53 JENINA P. MENDIETA Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) | | I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns(BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. | | | |
| | | 54 BENJU SAN JOSE CORPUZ Employee Signature Over Printed Name | | | |