

	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 07/01/14 (MM/DD/YY)		To 09/30/14 (MM/DD/YY)					
Part I Payee Information							
2 Taxpayer Identification Number 103908328							
3 Payee's Name HERMACO COMMERCIAL		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address 959 ONGPIN ST BINONDO MANILA CITY		4A Zip Code					
5 Foreign Address		5A Zip Code					
Payor Information							
6 Taxpayer Identification Number 000376334000							
7 Payor's Name (formerly: West Avenue Theatres Corp) SM LIFESTYLE ENTERTAINMENT INC		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address Mall of Asia Arena Annex Bldg Coral Way cor J W Diokno MOA Complex CBP IA Pasay City		8A Zip Code 1300					
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 MADE BY TOP 10000 CORP TO LOCAL SUPPLIERS OF GOODS	WC158	0.00	44,642.86	0.00	44,642.86	446.43	
PAYMENTS MADE BY TOP 10000 TO LOCAL SUPP. OF SERVICES	WC160	892.86	0.00	17,857.14	18,750.00	375.00	
Total		892.86	44,642.86	17,857.14	63,392.86	821.43	
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 correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.							
May Anne S. Cortez		SAP Support Group					
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:							
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			