

Certificate of Creditable Tax Withheld At Source

BIR Form No. 2307

September 2005 (ENCS)

For the Period 1 0 1 1	8	ν) Τ _ο	1.0	3 1 1 8		
From From From From From From From From	(MM/DD/Y	Y) To	Davec Information		MM/DD/YY)	
Part I Payee Information						
. Taxpayer						
Identification Number						
Payee's Name N/A						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
Registered Address	(20	tot Hamo, Filot Hamo,	madio ramo los mas	riadaio) (riogistoroa r		Zip Code
• Registered Address					37	▶
Foreign Address					5A	Zip Code
To reign Address						
Payor Information						
Taxpayer						
Identification Number						
Payor's Name BIG-A Department Store						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
Registered Address Romulo Boulevard, Cut-cut 1st Tarlac City 2300						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
income Payments Subject to	Income Payments Subject to AMOUNT OF INCOME PAYMENTS ATC					
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
Payments made by government	WI157				8 750 00	750.00
	WI157	8,750.00			8,750.00	/30.00
offices on their purchases of						
goods and services from local /						
resident suppliers.						
esident suppliers.						
otal		8,750.00			8,750.00	750.00
		6,730.00			8,730.00	750.00
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
otal						
We declare, under the penalties of per	iun, that this cort	l ificato has boon made	in good faith, vorified	by mo, and to the he	st of my knowledge an	d holiof is true and correct
			•	•		d belief, is true and correct,
oursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
Payor/Payor's Authorized Representative/Accredited Tax Agent TIN of Signatory Title/Position of Signatory						
(Signature Over Printed Name)						
Tay Agent Accorditation No. (Atternacy's Poll No. (if applicable)						
Tax Agent Accreditation No./Attorney's Roll No. (if applicable) Date of Issuance Date of Expiry						
Conforme:						
						Date Signed
(Signature Over Print	ted Name)					
					<u> </u>	
Tax Agent Accreditation No./Attorney's R	Date of Iss	suance	D	Date of Expiry		