



BIR Form No. 2307
January 2018 (ENCS)

## Certificate of Creditable Tax Witheld at Source



Fill in all applicable spaces. Mark all appropriate boxes with an "X". To X | X | X | X | X | X | X | X | (MM/DD/YYYY) For the Period From X<sub>1</sub>X X<sub>1</sub>X X<sub>1</sub>X<sub>1</sub>X<sub>1</sub>X (MM/DD/YYYY) **Part I: Payee Information** Taxpayer Identification Number (TIN)  $X_1X_1X - X_1X_1X - X_1X_1X_1X_1X$ 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) sdss 4 Registered Address 5 Foreign Address, if applicable **Part II: Payor Information** Taxpayer Identification Number (TIN)  $X_1X_1X_2 - X_1X_1X_2 - X_1X_1X_1X_1X_1$ Payor's Name (Last Name, First Name, Middle Name for Individual) OR Registered Name for Non-Individual) Registered Address 8 sdss

Part III: Details of Monthly Income Payments and Taxes Witheld

Income Payments Subject to Expanded Witholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				To William the Country
		1st Month of	2nd Month of	3rd Month of	Total	Tax Witheld for the Quarter
		the Quarter	the Quarter	the Quarter		
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
Total		-	-	-	-	
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 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.

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						
Date of Expiry $X_1X_1X_1X_1X_1X_1X_1$ (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)  X   X   X   X   X   X   X   X    (MM/DD/YYYY)						
Date of Expiry (MMDDYYYY)  X <sub>1</sub> X  X <sub>2</sub> X <sub>1</sub> X <sub>1</sub> X <sub>2</sub> X <sub>2</sub> X <sub>3</sub> X <sub>3</sub> X <sub>4</sub> X <sub>3</sub> X <sub>4</sub> X <sub>5</sub>						

<sup>\*</sup>NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)