

## Certificate of Income Payment Not Subject to Withholding Tax

BIR Form No. 2304
July 1999 (ENCS)

(Excluding Compensation Income)

1 For the Year 1 (YYYY)		
Part I Payee Information Part III ► Details of Income Payment		
2 Taxpayer 2 dentification No. ►	Payment	TC Amount of Income Payment
3 Payee's Name (For Non-Individuals)	A. Individual Payees  10 Interest	I 1 1 0 10 •
3	11 Rent - Personal Property	I 0 5 1 11
4 Payee's Name (For Individuals)	regardless of amount	1 0 6 0 4 2
Last 4A Name ►	12 Premium and Annuity	•
First 4B		13 •
Name Middle 4C	14 Prizes Amounting to: 10,000 or Less	1 1 2 0
Name ►  5 Registered Address	15 Transportation Contractors for the Carriage of Goods	1 0 9 0 15
5A 5A	and Merchandise Below P2.000	
5A Zip Code	16 Others (Specify) 16A	1 0 8 0 16A
Foreign Address 5B		
5C	16B	16B
Part II Payor Information	B. Corporate Payees 17 Interest	C 1 7 0 17
6 Taxpayer 6	40. Bard. Barrard Branch	C 1 3 0 18
Identification No.	regardless of amount	-
7 Payor's Name (For Non-Individuals) 7	19 Premium and Annuity	C 14 0 19
<b>•</b>	20 1 11200 regaratees of arricant	C 1 2 0 20
8 Payor's Name (For Individuals)  Last 8A	21 Professional Fees Paid to Gen. Professional Partnerships	C 0 2 1 21
Name ►	(Except to partnership	•
First 8B Name	of medical practitioners)  22 Transportation Contractors	0.4.0.0   22
Middle 8C	for the Carriage of Goods	C160 22 •
Name P P P P P P P P P P P P P P P P P P P	and Merchandise Below P2,000  23 Others (Specify)	C 1 5 0
9A	23A	23A
9A	23B	23В
Zip Code		•
9A 9B	24 Total	24
I 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.		
25	26	
Payor/Authorized Agent Signature over Printed Name	Title	/Position of Signatory