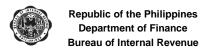
For BIR BCS/ Use Only Item:



BIR Form No. **2307**

Certificate of Creditable Tax Withheld at Source



	in all applicable spaces. M	lark all annr	onriate	e hoxes w	/ith an "X"								23	07 01/18ENCS
	For the Period	From	priate	J DOXES W		(MM/D	D/YYYY)		То				(MM/DL	D/YYYY)
		,				Part I –	Payee Inform	ation			•			
	2 Taxpayer Identification Number (TIN) 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)													
3	Payee's Name (Last Nam	ne, First Nan	ne, Mi	ddle Nam	ne for Individ	ual OR Reg	gistered Name	for Non-	-Individua	<i>l)</i>				
4	Registered Address													4A ZIP Code
5	Foreign Address, if applicable													
6	Taynayer Identification N	umber (TIM))		_	Part II –	Payor Inform	ation						
	Taxpayer Identification Number (TIN) Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)													
8	Registered Address	dress 8A ZIP Code											8A ZIP Code	
Part III – Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS														
In	come Payments Subject Withholding T		led	ATC		nth of the arter	2nd Month Quarte	of the	3rd Mo	nth of the larter	То	otal	Tax W	lithheld for the Quarter
													+	
Total													+	
Money Payments Subject to Withholding														
of	Business Tax (Governm	nent & Priva	ate)											
													+	
Tota	al													
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)														
	Fax Agent Accreditation No. corney's Roll No. (if applicab					Date of (MM/DD)					Date of Ex (MM/DD/YY			
	Som State.													
			Signa	ature ovei			e/Payee's Autl			tative/Tax A	gent			
7	Fax Agent Accreditation No.	./			(1	ndicate Titi Date of	le/Designation Issue	ana IIN			Date of Ex	piry		
	cornev's Roll No. (if applicab					(MM/DD		1 1	1 1 1		(MM/DD/YY			1 1 1 1