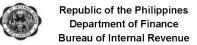
For BIR BCS/ Use Only Item:



BIR Form No. 2307

## **Certificate of Creditable Tax** Withheld at Source



	in all applicable spaces. Mark all appropriate boxes with an "X".							2307 01/18ENCS	
1				, (MM/DD/YYYY) To ,			(MM/DD/YYYY)		
Part I – Payee Information									
2 Taxpayer Identification Number (TIN)									
	Payee's Name (Last Nam		iddle Name f	or Individual OR Regi	stered Name for Non-I	Individual)			
		-,				,			
4	Registered Address 4A ZIP Code								
5	Foreign Address, if applica	able							
Part II – Payor Information									
	Taxpayer Identification Number (TIN)								
7	Payor's Name (Last Name	r's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)							
0	Pagistared Address	04.7/0.0/4							
8	Registered Address 8A ZIP Code								
Part III – Details of Monthly Income Payments and Taxes Withheld									
lı	ncome Payments Subject	to Expanded			AMOUNT OF INC	OME PAYMENTS		Tax Withheld for the	
	Withholding Ta		ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter	
i.									
Total Control									
Money Payments Subject to Withholding of Business Tax (Government & Private)									
	,	,							
							+		
Tot	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)									
	Tax Agent Accreditation No./  Attorney's Roll No. (if applicable)  Date of Issue (MM/DD/YYYY)         (MM/DD/YYYY)								
Attorney's Roll No. (if applicable) (MIMIDD/YYYY) (MIMIDD/YYYY) (MIMIDD/YYYY) (MIMIDD/YYYY) (MIMIDD/YYYY)									
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   Date of Expiry   (MM/DD/YYYY)								