



PNB

DEPOSIT SLIP

DATE:

04-17-24  
M M D D Y Y

Account Name: DANIEL ZAN E. BALTAZAR

Account No.

243710083925

Online

Pasig-Ortigas Garnet BRANCH is happy to serve you  
You have made a CHECK DEPOSIT - REGULAR  
of PHP 2,500.00 on 04-17-2024 10:40:09  
to 243710083925 BALTAZAR, DANIEL ZAN E.

Bank Check Number Amount  
AUB 0008642647 2,500.00

Service Charge:PHP 0.00  
Processed by HABABAG, JAKE P. Sed# 70  
Thank you for banking with us. With PNB, You First !

Before leaving the counter, please ensure the correctness of the transaction details as seen on the validation. This document is considered valid when machine validated.

Currency: ☒ P ☐ \$ ☐ Others

☐ CASH (For FX Deposit, please fill-out cash breakdown at the back)

NOTES	QTY	AMOUNT	NOTES	QTY	AMOUNT
1,000			100		
500			50		
200			20		

TOTAL COINS

TOTAL CASH  
DEPOSIT

☒ CHECK AUB

TOTAL CHECK  
DEPOSIT PHP 2,500.00

NO. OF CHECKS (max. of 10)

If you are not the accountholder, please provide the information below.

Name: DANIEL ZAN E. BALTAZAR

Contact No.: 9616768 Relationship: SO-WIFE

Purpose: COIN Citizenship: PHILIPINO

Valid ID: GM-12 Signature: [Signature]

☐ I/We consent to the collection and processing of personal data provided herein that will be used for facilitating the deposit transaction. All personal data will be processed in accordance with the Bank's Data Privacy Policy provided in the Bank's website (www.pnb.com.ph) and applicable data privacy laws, rules and regulations as may be amended from time to time.

Depositor's Signature [Signature]

Approved by:

CLIENT'S COPY

CA004.3 Sept '21





Certificate of Creditable Tax  
Withheld at Source



2307 01/18ENCS

BIR Form No.  
**2307**  
January 2018 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1	For the Period	From	0,4	0,1	2,0	2,4	(MM/DD/YYYY)	To	0,6	3,0	2,0	2,4	(MM/DD/YYYY)
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Part I – Payee Information

2	Taxpayer Identification Number (TIN)	5,1,1	-	1,7,6	-	6,0,7	-	0,0,0,0,0					
3	Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)	BALTAZAR, DANIEL ZAN E.											
4	Registered Address	LOT 9 BLOCK 138 VILLA CARIDAD MALAINEN BAGO NAIC, CAVITE										4A ZIP Code	4110
5	Foreign Address, if applicable												

Part II – Payor Information

6	Taxpayer Identification Number (TIN)	0,0,8	-	2,2,7	-	4,5,3	-	0,0,0,0,0					
7	Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)	OPTIMUM INNOVATUS, CORP											
8	Registered Address	UNIT 2508 THE ORIENT SQUARE BLDG. EMERALD AVE, BRGY. SAN ANTONIO, ORTIGAS CENTER, PASIG CITY										8A ZIP Code	1605

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professional (Lawyers, CPAs, Engineers, etc.)	WI010	5,555.50			5,555.50	555.55
If gross income for the current year did not exceed P 3M					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
Total					5,555.50	555.55
Money Payments Subject to Withholding of Business Tax (Government & Private)						
OPTIMUM INNOVATUS						
BIR Form 2307						
Ref.No: CV No. 44001814						
Issue date: APR 17 2024						
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.

Randy C. Pamintuan / Chief Finance Officer / 162-232-323-000			
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)	Date of Expiry (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)	Date of Expiry (MM/DD/YYYY)

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