

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

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

1 For the Period	From	08	01	2025	(MM/DD/YYYY)	To	08	31	2025	(MM/DD/YYYY)
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2 Taxpayer Identification Number (TIN)

000	050	365	0000
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3 Payee's Name (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individuals)

AFFILIATED ELECTRONICS SERVICE CORPORATION

4 Registered Address

#18 Evangelista St., Santolan Pasig City

4A ZIP Code

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN)

004	-	660	-	226	-	0000
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7 Pavor's Name (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individuals)

KOLIN PHILIPPINES INTERNATIONAL INC.

8 Registered Address

FCIE BARANGAY LANGKAAN, DASMARIÑAS CAVITE.

8A ZIP Code

4114

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	
EWT- prime contractors/sub- contractors	WC 120		982.14		982.14	19.64
Total			982.14		982.14	19.64
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total			982.14		982.14	19.64

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.

Ms. Editha M. Flores (101-537-151-000) - Assistant Vice President,

Signature over Printed Name of Payer/Payer's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorneys' Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

AFFILIATED ELECTRONICS SERVICE CORPORATION - 000-050-365-000

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorneys' 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)