



BIR Form No.

**2307**

January 2018 (ENCS)

## Certificate of Creditable Tax Withheld at Source



2307 01/18ENCs

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

1	For the Period	From	0 7	0 1	2 0 2 4	(MM/DD/YYYY)	To	0 9	3 0	2 0 2 4	(MM/DD/YYYY)
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**Part I – Payee Information**

2 Taxpayer Identification Number (TIN)	004	-	661	-	920	-	000
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3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING, INC.

#### 4 Registered Address

4A ZIP Code

1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY

1 2 1 2

**5** Foreign Address, *if applicable*

## Part II – Pavor Information

6 Taxpayer Identification Number (TIN)	0	0	7	-	7	8	7	-	4	3	7	-	0	0	0
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7. Pavor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

AMUN INI RESORT AND SPA INC.

8 Registered Address

8A ZIP Code

CANDABONG, ANDA, BOHOL

6 3 1 1

### 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	
Income payment made by top withholding agents to their local/resident supplier of GOODS other than those covered by other rates of withholding tax	WC-158			11,782.59	11,782.59	117.83
Total						117.83
Money Payments Subject to Withholding of Business Tax (Government & Private)						
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 (RA No. 10173) for legitimate and lawful purposes.

ALODIA BONDALO

OFFICE MANAGER / 255-009-849-000

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)				
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