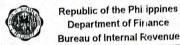
For BIR BCS/ Use Only Item:



BIR Form No. **2307**

Certificate of Creditable Tax Withheld at Source



January 2018 (ENCS) Fill in all applicable spaces, Mark all appropriate boxes with an "X" For the Period From 07 31 2025 (MM/DD/YYYY) (MM/DD/YYYY) 01 20 25 Part I – Payee Information 2 Taxpayer Identification Number (TIN) 004 920 0 0 0 0 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) KOLIN MARKETING INC. Registered Address 4A ZIP Code B3 L5 MAIN DRIVE, FCIE COMPOUND, BRGY. LANGKAAN I, DASMARIÑAS, CAVITE Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 007 937 13.0 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) BACOOR DOCTORS MEDICAL CENTER INC. Registered Address 8A ZIP Code MOLINO BLVD. BAYANAN BACOOR CITY CAVITE 4102 Part III – Details of Monthly Income Payments and Taxes Withheld

AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Tax Withheld for the ATC 1st Month of the 2nd Month of the 3rd Month of the Withholding Tax Total Quarter Quarter Quarter Quarter Income payment made by top withholding 44,012.40 440.12 WC158 agents to their local resident supplier of goods other than those covered by other rates of withholding tax. Total 44,012.40 440.12 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 (R.A. No. 10173) for legitimate and lawful purposes. MARIE GUERRA CORPORATE TREASURER - 906-591-133-000 **ESTEPHAN** Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable) CONFORME: Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable)

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