BIR Form No.

Certificate of Creditable Tax Withheld at Source



January 2018 (ENCS) Fill in all applicable spaces. Mark all appropriate boxes with an "X" (MMOD/YYYY) 31 2025 To 0.7 (MM/DD/YYYY) For the Period 07 20 25 01 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 0.000 920 004 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual KOLIN MARKETING INC. 4A ZIP Code Registered Address 1212 1854 STA. RITA ST., GUADALUPE NUEVO, MAKATI CITY Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 0,000 007 937 130 Payor's Name (Last Name, First Name, Middle Name for Individual) OR Registered Name for Non-Individual) BACOOR DOCTORS MEDICAL CENTER INC. 8A ZIP Code 4102 MOLINO BLVD. BAYANAN BACOOR CITY CAVITE Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS Tax Withheld for the Income Payments Subject to Expanded 1st Month of the 2nd Month of the 3rd Month of the ATC Quarter Total Withholding Tax Quarter Quarter Quarter 440.12 44.012.40 Income payment made by top withholding WC158 agents to their local resident supplier of goods other than those covered by other rates of withholding tax. 440.12 44 012 40 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 Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry Date of Issue Tax Agent Accreditation No./ (MM/DOYYYY) (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) Date of Expiry Tax Agent Accreditation No./ Date of Issue (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)