For BIR BCS/

Bureau of Internal Revenue Item: BIR Form 18.00000438 **Certificate of Creditable Tax** 307 Withheld at Source 2307 01/18ENCS (MM/DD/YYYY) 04 or the Perio From 30 2025 (MM/DD/YYYY) 04 01 2025 Part I - Pavee Information 2 Taxpayer Identification Number (TIN) 0.04661 920 $0_{1}0_{1}0_{1}0_{1}0_{1}$ 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 1854 Sta. Rita St. Guadalupe Nuevo Makati City, Philippines 1 2 1 2 1 5 Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 7185 008 454 010 010 01 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) ALPINE OPUS TECHNOLOGIES CORPORATION 8A ZIP Code 1234 2/F 1314 Batangas St., San Isidro, Makati City, Philippines Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS Income Payments Subject to 3rd Month of the ATC 1st Month of the 2nd Month of the Tax Withheld for the Quarter **Expanded Withholding Tax** Total Quarter Quarter Quarter 38,064.46 Supplier of Goods WC158 38.064.46 380.64 Income payment made by top withholding agents to their local/resident supplier 380.64 Money Payments Subject to Withholding of Business Tax 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, oursuant 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. LOUIELYN A. NASTOR Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) ax Agent Accreditation No Date of Issue Date of Expiry ney's Roll No. (if applica (MM/DD/YYYY (MM/DD/YYYY) Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)

Date of Expiry

(MM/DD/YYYY)

Date of Issue

(MM/DD/YYYY)

ax Agent Accreditation No

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