



Republic of the Philippines
Department of Finance
Bureau of Internal and
Revenue

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 01 /01/2026 (MM/DD/YYYY) To 01 /31/2026 (MM/DD/YYYY)

Part I Payee Information

2 Taxpayer Identification Number (TIN) 004-661-920-00000

3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
KOLIN MARKETING INC

4A Registered Address 1854 STA RITA ST GUADALUPE NUEVO MAKATI CITY PH 4A ZIP Code 1212

5 Foreign Address

Part II - Payor Information

6 Taxpayer Identification Number (TIN) 000-364-400-00000

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
PACIFIC PAINT (BOYSEN) PHILIPPINES INC

8 Registered Address 292 D TUAZON STREET MANRESA QUEZON CITY 8A ZIP Code 1115

| Part III - Details of Monthly Income Payments and Tax Withheld for the Quarter | | | | | | |
|--|-------|---------------------------|--------------------------|--------------------------|------------|------------------------------|
| Income Payments Subject to Expanded Withholding Tax | ATC | AMOUNT OF INCOME PAYMENTS | | | Total | Tax Withheld For the Quarter |
| | | 1st Month of the Quarter | 2nd Month of the Quarter | 3rd Month of the Quarter | | |
| INCOME PAYMENT BY TOP WHOLDING AGENTS TO LOCAL SUPPLIER OF GOODS | WC158 | 339,223.84 | | | 339,223.84 | 3,392.24 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | 339,223.84 | 0.00 | 0.00 | 339,223.84 | 3,392.24 |

| Money Payments Subject to Withholding of Business tax (Government and 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.

JACQUELINE ONGKING
CORP SECRETARY / 106-557-480

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)