



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

5 Foreign Address

1212

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	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For 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)
CONFORME:				