



BIR Form No.

2307**Certificate of Creditable Tax
Withheld at Source**

January 2018 (ENCS)

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) **004-661-920-0000**

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

KOLIN MARKETING, INC..

4 Registered Address

1854 STA. RITA ST., GUADALUPE NUEVO MAKATI CITY

4A ZIP Code

1212

5 Foreign Address, if applicable

Part II – Payor Information6 Taxpayer Identification Number (TIN) **418-453-920-000**

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

AZIA SUITES AND RESIDENCES INCORPORATED

8 Registered Address

8 RAHMANN EXT. BRGY. KAMPUTHAW, CEBU CITY

8A ZIP Code

6000**Part III – Details of Monthly Income Payments and Taxes Withheld**

| Income Payments Subject to Expanded Withholding Tax | ATC | AMOUNT OF INCOME PAYMENTS | | | Tax Withheld for the Quarter |
|---|-------|---------------------------|--------------------------|--------------------------|------------------------------|
| | | 1st Month of the Quarter | 2nd Month of the Quarter | 3rd Month of the Quarter | |
| Income Payment made by top withholding agents to their local/resident suppliers of goods other than those covered by other rates of withholding tax | WC158 | 131,940.54 | | | 131,940.54 |
| | | | | | 1,319.41 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | 131,940.54 |
| | | | | | 1,319.41 |
| 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

Mayderm Grace Magan / Accounting Manager / 424-244-913-000Signature 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:****KOLIN MARKETING, INC.**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)