



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

For BIR BCS/
Use Only Item:

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..

4 Registered Address

1854 STA. RITA ST., GUADALUPE NUEVO MAKATI CITY

4A ZIP Code

1212

5 Foreign Address, if applicable

Part II - Payor Information

6 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	Total	
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

Maydenn Grace Magan / Accounting Manager / 424-244-913-000

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:

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)