



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

03012022

(MM/DD/YYYY)

To

03312022

(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 Information

6 Taxpayer Identification Number (TIN)

004-660-226-0000

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

KOLIN PHILIPPINES INT'L INC

8 Registered Address

1854 STA. RITA ST. GUADALUPE NUEVO, MAKATI CITY

8A ZIP Code

1212

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/residents supplier of services other than those covered by other rates of withholding tax	WC158			4,654,495.79		46,544.96
Total						46,544.96
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 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.

MS. EDITHA M. FLORES (AVP-Finance / 101-537-151-000)

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:

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)

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

