















SI #60494

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 **1 0 2 4 2 0 2 5** (MM/DD/YYYY) To **1 0 2 4 2 0 2 5** (MM/DD/YYYY)

**Part I - Payee Information**

2 Taxpayer Identification Number (TIN) **0 0 4 - 6 6 1 - 9 2 0 - 0 0 0 0 0**

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 **1 2 1 2**

5 Foreign Address, if applicable

**Part II - Payor Information**

6 Taxpayer Identification Number (TIN) **2 0 5 - 2 7 5 - 0 7 3 - 0 0 0 0 0**

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)  
**LUFTHANSA TECHNIK PHILIPPINES, INC.**

8 Registered Address **MacroAsia Special Economic Zone Villamor Airbase, Pasay City** 8A ZIP Code **1 3 0 9**

**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	
EWT-inc pay by top 20000 corp goods	WC158	18,743.76	0.00	0.00	18,743.76	187.44
supp						
<b>Total</b>		18,743.76	0.00	0.00	18,743.76	187.44
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						

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.

**RUBI ANN P. QUINTO**  
TREASURER/SVP-FI/CFO / 914153273

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)

SI #60578



Republic of the Philippines  
Department of Finance  
Bureau of Internal 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  (MM/DD/YYYY) To  (MM/DD/YYYY)

Part I - Payee Information

2 Taxpayer Identification Number (TIN)

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

4 Registered Address  4A Zip Code

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN)

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

8 Registered Address  8A Zip Code

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 supplier of goods other than those covered by other rates of withholding tax - Corporate	WC158	25,818.04	0.00	0.00	25,818.04	258.18
<b>Total</b>		25,818.04	0.00	0.00	25,818.04	258.18
<b>Money Payments Subject to Withholding of Business Tax (Government &amp; Private)</b>						
<b>Total</b>						

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.

MARK JEFFREY TAN

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)



SI # 60604

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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 1 | 0 | 0 | 1 | 2 | 0 | 2 | 5 | (MMDD/YYYY) To 1 | 2 | 3 | 1 | 2 | 0 | 2 | 5 | (MMDD/YYYY)

**Part I - Payee Information**

2 Taxpayer Identification Number (TIN) 0 | 0 | 4 | - | 6 | 6 | 1 | - | 9 | 2 | 0 | - | 1 | 0 | 1 | 0 | 0 | 1 |

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 1212 4A ZIP Code

5 Foreign Address, if applicable

**Part II - Payor Information**

6 Taxpayer Identification Number (TIN) 0 | 0 | 5 | - | 7 | 7 | 3 | - | 5 | 1 | 3 | - | 1 | 0 | 1 | 0 | 0 | 1 |

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)  
EVER PACIFIC STEEL IND. INC.

8 Registered Address UNIT 1712 CITY LAND HERRERA TOWER 98 V.A. RUFINO COR. VALERO ST. BRGY. BEL-AIR, MAKATI CITY 8A ZIP Code 1 | 2 | 9 | 9 |

**Part III - Details of Monthly Income Payments and Taxes Withheld**

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 made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax 1%	158	-	45,618.21	-	45,618.21	456.18
<b>Total</b>		-	45,618.21	-	45,618.21	456.18
<b>Money Payments Subject to Withholding of Business Tax (Government &amp; Private)</b>						
<b>Total</b>						

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.

*E. Pacita Ng*  
PACITA NG 269-955-458-000 V.P. OF FINANCE

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 (MMDD/YYYY) Date of Expiry (MMDD/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 (MMDD/YYYY) Date of Expiry (MMDD/YYYY)















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**2307**

**Certificate of Creditable Tax  
Withheld at Source**



2307 01/18ENCS

January 2018 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Period From **10 01 2025** (MM/DD/YYYY) To **12 31 2025** (MM/DD/YYYY)

**Part I - Payee Information**

2 Taxpayer Identification Number (TIN) **004 - 661 - 920 - 0010**

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) **230 - 622 - 066 - 0010**

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

8 Registered Address **126 TANQUE ST. BRGY 664 ZONE 071 PACO MANILA** 8A ZIP Code **1007**

**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 supplier of goods other than those covered by other rates of withholding tax	WC158	30,353.75	-	-	30,353.75	303.54
<b>Total</b>		30,353.75	-	-	30,353.75	303.54
<b>Money Payments Subject to Withholding of Business Tax (Government &amp; Private)</b>						
<b>Total</b>						

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.

**RASHIEL A. SAMPANA**

(ACCOUNTING ASSISTANT/ 346-230-752-000)

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) **[Blank]** Date of Issue (MM/DD/YYYY) **[Blank]** Date of Expiry (MM/DD/YYYY) **[Blank]**

**CONFORME:**

*[Handwritten Signature]*

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) **[Blank]** Date of Issue (MM/DD/YYYY) **[Blank]** Date of Expiry (MM/DD/YYYY) **[Blank]**

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