



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** (MM/DD/YYYY) To **1 2 3 1 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., 1212 PH** 4A Zip Code **1 2 1 2**

5 Foreign Address

Part II - Payor Information

6 Taxpayer Identification Number (TIN) **2 0 3 1 2 0 6 8 7 0 0 0 0 0**

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
Pan de Manila Food Co Inc

8 Registered Address **4 Granada St. Valencia 1112 Quezon City NCR, Second District Philippines 1112 PHILIPPINES** 8A Zip Code **1 1 1 2**

Part III - Details of Monthly Income Payments and Taxes Withheld

| Income Payments Subject to Expanded Withholding Tax | ATC | AMOUNTS OF INCOME PAYMENTS | | | | Tax Withheld for the Quarter |
|--|-------|----------------------------|--------------------------|--------------------------|-----------|------------------------------|
| | | 1st Month of the Quarter | 2nd Month of the Quarter | 3rd Month of the Quarter | Total | |
| 1%(CORP)-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 | 0.00 | 19,546.88 | 0.00 | 19,546.88 | 195.47 |
| Total | | 0.00 | 19,546.88 | 0.00 | 19,546.88 | 195.47 |
| Money Payments Subject to Withholding of Business Tax (Government & Private) | | | | | | |
| Reference Number: APV # 1010732 | | | | | | |
| 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.

Armain F. Lobarbio

ARMAIN F. LOBARBIO / HR SUPERVISOR / 242-899-246-0000

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)



SI # 600234

| | | |
|--|---|--------------------|
| 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 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 - 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 4A ZIP Code
1854 KOLIN BLDG. STA. RITA ST., GUADALUPE NUEVO, MAKATI CITY 1212

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN) 009 - 632 - 453 - 000

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

8 Registered Address 8A ZIP Code
8th Floor, Asian Bldg. Asean Drive, Corner Singapura Lane, FCC Alabang Muntinlupa City 1781

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 Taxes payment by local Supplier of: | | | | | | |
| Goods | WC158 | - | 18,103.57 | - | 18,103.57 | 181.04 |
| Services | WC160 | - | 535.71 | - | 535.71 | 10.71 |
| Total | | - | 18,639.29 | - | 18,639.29 | 191.75 |
| 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.

RAQUEL DONOGA
RAQUEL DONOGA / Finance Manager / 231-977-471
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)

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



SI # 60640

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|--|--|----------------|
| BIR Form No. <h1 style="margin: 0;">2307</h1> January 2018 (ENCS) | <h2 style="margin: 0;">Certificate of Creditable Tax Withheld at Source</h2> | 2307 01/18ENCS |
|--|--|----------------|

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) |
|---|----------------|------|----|----|------|--------------|----|----|----|------|--------------|

| | | |
|---|--|--|
| 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 | |
| 5 | Foreign Address, if applicable | |

Part II – Payor Information

| | | |
|---|--|----------------------------------|
| 6 | Taxpayer Identification Number (TIN) | 0 0 0 - 0 9 2 - 5 4 8 - 0 0 0 0 |
| 7 | Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) | HILLCREST HOTEL, INC. |
| 8 | Registered Address | 617 SULTAN ST., MANDALUYONG CITY |
| | 8A ZIP Code | 1550 |

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 rates of withholding tax | WC158 | | 13,014.46 | | 13,014.46 | 130.14 |
| P.O # 10250050 | | | | | | |
| Total | | - | 13,014.46 | - | 13,014.46 | 130.14 |
| 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.

LORJE DULAN / ACCOUNTING STAFF/ 424-634-613-000
 Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
 (Indicate Title/Designation and TIN)

| | | |
|-------------------------------------|---------------|----------------|
| Tax Agent Accreditation No./ | Date of Issue | Date of Expiry |
| Attorney's Roll No. (if applicable) | (MM/DD/YYYY) | (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./ | Date of Issue | Date of Expiry |
| Attorney's Roll No. (if applicable) | (MM/DD/YYYY) | (MM/DD/YYYY) |

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BIR Form No. **2307**
January 2018 (ENCS)

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2307 01/18ENCS

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 - 0101**

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) **600 - 717 - 876 - 0000**

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

8 Registered Address **UNIT 1A CEZ BUILDING 8158 SGT FABIAN YABUT CIRCLE GUADALUPE NUEVO MAKATI CITY** 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 | WC158 | | 56486.07143 | | 56,486.07 | 564.86 |
| Total | | | | | | 564.86 |
| 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.

[Signature]
ADRIAN BAPHAE C. BAGO
PROJECT MANAGER 450-051-221

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]
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)



BIR Form No.

2307

January 2018 (ENCS)

**Certificate of Creditable Tax
Withheld at Source**



2307 01/18ENCS

Fill in all applicable space. 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 Individual OR Registered Name for non-Individual)

KOLIN MARKETING INC

4 Registered Address

1854 STA RITA ST GUADALUPE NUEVO MAKATI CITY

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 Individual OR Registered Name for non-Individual)

BORLAND DEVELOPMENT CORPORATION

8 Registered Address

BORLAND ENTERPRISE CENTER, BLOCK 2 LOT 10-11, MACARIA BUSINESS CENTER, BRGY. MABUHAY, CARMONA, CAVITE

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 | |
| Payments made by top 10,000 private corporations to their local resident suppliers of goods and services | WC158 | - | 16,247.00 | - | 16,247.00 | 162.47 |
| Total | | - | 16,247.00 | - | 16,247.00 | 162.47 |
| 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.

NANETTE I. VALDEZ/ACCOUNTING HEAD /159-906-410

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:

388212

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)

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

SI # 60659
60628

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 **1,2,0,1,2,0,2,5** (MM/DD/YYYY) To **1,2,3,1,2,0,2,5** (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 **KOLIN BLDG,EDSA COR. MAGALLANE AVE. MAGALLANES VILLAGE 1232 MAKATI CITY** 4A ZIP Code **1116**

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN) **0,0,0 - 2,9,5 - 3,0,8 - 0,0,0,0,0**

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

8 Registered Address **101 MATUTUM ST. COR. MAUBAN ST., BRGY. MANRESA, QUEZON CITY** 8A ZIP Code **1,1,1,6**

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 payments made by top 20,000 corporations to their local/resident supplier of goods | WC158 | | | 38,392.85 | 38,392.85 | 383.93 |
| Total | | | | 38,392.85 | 38,392.85 | 383.93 |
| Money Payments Subject to Withholding of Business Tax (Government & Private) | | | | | | |
| 60628-NOV | | | | | | |
| 60659 | | | | | | |
| 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.

ELEANOR C. Jua 107-887-914 VP-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 (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) _____

