51 # 5868

BIR Form No. **2307**



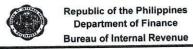
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1	For the Period	From	10	014	2024	Land of	D/YYYY)	To 1 ₀ 3	1 2024	(MINUBEL TTTT)
						Part I -	Payee Information			
2	Taxpayer Identification N	umber (TI	N)		004	661	- 920 -	0 0 0 0 0		
3	Payee's Name (Last Nam	ne, First N	ame, N	/liddle Nar	ne for Individ	lual OR Re	gistered Name for No	on-Individual)		
	KOLIN MARKE	TING,	INC.	25						
4	Registered Address						an chian in the			4A ZIP Code
	1854 KOLIN BL	DG. ST	ΓA. F	ITA S	Γ., GUAI	DALUP	E NUEVO, MA	KATI CITY		
5	Foreign Address, if applic	able	11							
						4				
10.7						Part II -	Payor Information			
6	Taxpayer Identification No	umber (TI	N)		001	336	- 967 -	0 0 0 0 0		
7	Payor's Name (Last Nam	e. First Na	ame. N	liddle Nan		1 9 9			l	
	C. RAMIREZ &	AND THE PROPERTY OF						,		
	Registered Address	CO., II	10.							8A ZIP Code
0	483 DEL MONT	EANE	NITTE	MAN	DECA C	TIEZON	CITY	1.3.4		1 1 1 5
	463 DEL MONT	EAVE	NOL					ad Tayas Withhold		
				Fart III	- Details of	WOTHIN I	ncome Payments at AMOUNT OF INC	COME PAYMENTS	4.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1	Tay Manhald for the
ır	come Payments Subject Withholding Ta		aea	ATC	10 PRO NOT THE PROPERTY OF THE PARTY OF THE	th of the	2nd Month of the	3rd Month of the	Total	Tax Withheld for the Quarter
Ir	come Payment made by to		dina	WC158		arter 64,560.89	Quarter	Quarter	64,560.89	645.61
6	gents to their local/residen	t supplier	s of	VVC156		04,500.69			04,300.09	045.01
9	oods other than those coverage rates of withholding	1000	her		_					
_	Tates of withholding	g tax			-			ļ		
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To		VBC41-11	46						64,560.89	645.61
	oney Payments Subject to Business Tax (Governm		Control of the contro							
	AND THE RESIDENCE OF THE PARTY									
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		HILLIAN - CON								
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Tot	al									
	We declare under the per	altica of r	- I	that this a	ortificata bas	boon mod	o in good faith, varifie	d by us, and to the he	et of our knowledge a	nd belief is true and
cor	rect, pursuant to the provis									
to t	he processing of our inform	nation as	contem	plated un	der the *Data	Privacy A	ct of 2012 (R.A. No.	10173) for legitimate a	nd lawful purposes.	
						0/1	modern			
					RHC	/	STRO / 202-220-080-	-000		
			Sign	ature over	Printed Nar	ne of Payo	r/Payor's Authorized	Representative/Tax A	gent	
	Fax Agent Accreditation No./		20/4/10		(1)	Date of	e/Designation and TII		Date of Expiry	
	orney's Roll No. (if applicable	0-11-11-11-1				(MM/DD/		1 11/43 AC 35 (14/25/2006)	(MM/DD/YYYY)	
						C	ONFORME:			
										Name of the state
			Signa	ature over			e/Payee's Authorized e/Designation and TII	Representative/Tax A	gent	
	Fax Agent Accreditation No./				, and	Date of	Issue		Date of Expiry	
At	orney's Roll No. (if applicabl	e)				(MM/DD/	YYYY) L		(MM/DD/YYYY)	

SI 58705

2307



January 2018 (ENCS)		Withheld	at Source	е	Marill Plant LPU . 'L.	2307 01/18ENCS
Fill in all applicable spaces. Mark all a	ppropriate boxes	with an "X".				
1 For the Period From	10 01 2	0 24	D/YYYY)	To 12 3	1 2024	(MM/DD/YYYY)
		Part I – P	ayee Information		1	
2 Taxpayer Identification Number (T	19	04 - 661	- 920 -	0 0 0 0 0 0		
3 Payee's Name (Last Name, First N		ne for Individual OR I	Registered Name for	Non-Individual)		
KOLIN MARKETING.	INC.			**************************************		4A 7/D Code
4 Registered Address KOLIN BLDG., EDSA COR MAC	GALLANES AVE	MAGALLANES VILL	AGE 1232 MAKATI	СПУ		4A ZIP Code
5 Foreign Address, if applicable					and the second second second second	
5 Foreign Address, a applicable		10				
A STATE OF THE STA		Part II – I	Payor Information			
6 Taxpayer Identification Number (7	(N)	00 - 995	- 318 -	0,00		
7 Payor's Name (Last Name, First N	lame, Middle Nam	ne for Individual OR F	Registered Name for	Non-Individual)		
INDOFINE INTERNAT	ΓΙΟΝΑL					***************************************
8 Registered Address						8A ZIP Code
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	CONTRACTOR OF THE PERSON NAMED IN COLUMN	Details of Monthly I		OME PAYMENTS		Tax Withheld for the
Income Payments Subject to Expan Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
Income payments made by the	WC 158	58,221.70	Quarter	- Guarier	58,221.70	582.22
top 10.000 private corporation	WC 160	535.71			535.71	10.71
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Total			est in the second secon			592.93
Money Payments Subject to Withho of Business Tax (Government & Pri						
OF DESCRIPTION OF THE PROPERTY						
				Total Control		
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Total						
We declare under the penalties o						
and correct, pursuant to the provisions our consent to the processing of our in	s of the National I	templated under the	Data Privagy Agy of	2012 (R.A. No. 101	73) for legitimate and	lawful purposes.
		JENNIFER W	BORROMEO T			
		FINANCE	MANAGER			
	Signature over P	rinted Name of Payor			Agent	
Tax Agent Accreditation No./		Date of		1	Date of Expiry	
Attorney's Roll No. (if applicable)		(MM/DD	ONFORME:		(MM/DD/YYYY)	
						Name of the Particle of the State of the Sta
	Signature over Pr	inted Name of Payer (Indicate Title	e/Payee's Authorized e/Designation and TI		x Agent	
Tax Agent Accreditation No /		Date of	Issue		Date of Expiry	



2307

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

Certificate of Creditable Tax Withheld at Source



January 2018 (ENCS) Fill in all applicable spaces. Mark all appropriate boxes with an "X' 12 31 2024 (MM/DD/YYYY) (MM/DD/YYYY) To From 10 01 2024 For the Period 0 0 0 0 0 6 6 1 - 9 2 0 0 4 Taxpayer Identification Number (TIN) 0 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) KOLIN MARKETING, INC. 4A ZIP Code Registered Address KOLIN BLDG. EDSA COR MAGALLANES VIL. 1232 MAKATI CITY 5 Foreign Address, if applicable Part II - Payor Information 0 0 0 - 7 8 1 - 5 5 9 - 0 0 0 0 0 Taxpayer Identification Number (TIN) 6 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) LAKAMBINI HOTEL CORPORATION 8A ZIP Code Registered Address 3100 2929 TAFT AVE., PASAY CITY Part III – Details of Monthly Income Payments and Taxes Withheld

AMOUNT OF INCOME PAYMENTS Tax Withheld for the Income Payments Subject to Expanded 1st Month of the 2nd Month of the 3rd Month of the ATC Total Quarter Withholding Tax Quarter Quarter Quarter 401.41 40.141.34 40,141.34 Income Payment made by top withholding agents to their WC158 local/resident supplier of goods other than those covered by rates of withholding tax 401.41 40,141.34 40,141.34 Total 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. JENIEROS GONZALES / ACCOUNTING STAFF / 615-018-308 Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry Date of Issue Tax Agent Accreditation No./ (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable) CONFORME: KOLIN MARKETING, INC. Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry Date of Issue Tax Agent Accreditation No./ (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable)

SI 58708

BIR Form No. 2307

Certificate of Creditable

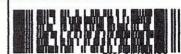


	andary 2010 (ENCS)							Note the last		_			
Fill	in all applicable spa	aces. Mark all app	propriate	boxes v	vith an "X"								
1	For the Period	From 10	01	20	24	(MM/D	D/YYYY)		To	10	31	2024	(MM/DD/YYYY)
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	Taxpayer Identification N		L	004	66				0,000	E OLIVE SWEET TO PART			
3	Payee's Name (Last Na	me, First Name, Middle	e Name for	r Individua	OR Registe	red Nam	e for Non-h	ndividu	ıal)				
	KOLIN MARKETIN	AG INC											
4	Registered Address												4A Zip Code
		T., GUADALUPE	MUFVO	MAKATI	CITY PHI	LIPPINE	S						1212
	L	711, 607157120121											
5	Foreign Address, if							•					
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A	Towns are Identification A	humbar (TIAN)	Γ	202	35	_ 8	000		0000	1			
	Taxpayer Identification N		L	203	35	, Del	969	E22	0000		-		
7	Payor's Name (Last Nam	ne, First Name, Middle	Name for	Individual	OR Register	red Name	e for Non-In	dividu	al)				
	YUMEX PHILIPPII	NES CORPORATIO	N										
	<u> </u>												
8	Registered Address						-		man construction				8A Zip Code
		N DASMARINAS	CITY CAV	/ITE		and Grand Colonia							4126
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			Part III -	Decilia or	Monthly In	CONTRACTOR STATES	AMOUNT	THE REPORT OF THE PERSON NAMED IN	STATE OF THE PERSON NAMED IN	ACCUSTOMETE PROGRAMMENT	en net		
	Income Payments Subj		ATO	c H	1st Month		2nd Mont		-	lonth of	T	Total	Tax Withheld For the Quarter
	Withholding	g Tax			the Quarte		the Quar		207/10/2002	Quarter		10.0000	
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	Money Payments Subje	ct to Withholding							1		T		
	of Business Tax (Gover	mment & Private)									1_		
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	We declare, under the suant to the provisions of	penalties of perjury, the	at this cen	ode es an	been made	in good t	ations issue	ad undi	e, and to ti er authoritu	thereof F	urther v	we give our con	es, is true and correct,
	processing of our informa												-
ure	processing or our unorme		77	1	7								
		MS.	LEGREN	AP. SAN	GALANG/	NIMO	DIVISION	MAN	AGER/TI	N#157-47	3-974-	000	
E-CENTRAL I	and the second second second second		Signature	over Print	ted Name of	Payor/Pa	ayor's Auth	orized	Represent	ative/Tax A	Agent		
					(Indicat	e Title/De	esignation a	ind TIP	V)				
													,
	Tax Agent Accreditation	No./Attornev's Roll No.	. (if applica	able)			Dat	e of Is	suance				Date of Expiry
	. S. r. Walter to Communication	The state of the s	,			CON	FORME:						
-			and the second			LIN MA	RKETING						
			Signature	over Print	ed Name of	Payee/Pa	ayee's Auth	orized		ative/Tax /	Agent		
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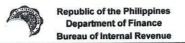
SI 58697

BIR Form No.

Certificate of Creditable



	anuary 2018 (ENCS)													
Fil	l in all applicable spa	aces. Mark all app	propriate box	ces with an "X".										
1	For the Period	From 10	01	2024 (N	MWDD/YYYY)	To 10	31 2024	(MIM/DD/YYYY)						
				Part I - I	Payee Information									
2	Taxpayer Identification N	lumber (TIN)	00	04 661	920	0000								
3	Payee's Name (Last Nam	ne, First Name, Middl	e Name for Indi	vidual OR Registered	Name for Non-Individ	ual)								
	KOLIN MARKETIN	IG INC												
4	Registered Address				#			4A Zip Code						
	1854 STA.RITA S	T., GUADALUPE	NUEVO MAI	KATI CITY PHILIPP	PINES			1212						
5	Foreign Address, if			Proposition and the second sec		*								
_	Part II - Payor Information													
-	Taxpayer Identification N	humber (TIN)		03 355	069	0000								
	Payor's Name (Last Nam				Aba I Est									
1	YUMEX PHILIPPIA			ridua OR Registered F	ASIRE IOI MOITHRIAG	uei)								
	B-da-dadd						148	8A Zip Code						
5	Registered Address FCIE LANGKAAAF	N DASMARINAS	CITY CAVITE			- wa wa o		4126						
	TOIL DARGIOGOG	e Drowning (Diff Crotte			· ·								
-			Part III - Deta	ils of Monthly Incom	e Payments and Tax	Withheld for the (Quarter							
-	Income Payments Subje	act to Evandad	The second second			COME PAYMENTS								
	Withholding		ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter						
age	ome payment made by tents to their local/residenter than those covered by	nt supplier of goods	WC158	113,775.09	0.00	0.00	113,775.09	1,137.75						
wit	thholding tax - Corporate				 	-								
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-	4-													
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Tot							113,775.09	1,137.75						
10	Money Payments Subject of Business Tax (Govern							2						
														
Tot		penalties of perjury, th	at this certificat	e has been made in go	ood faith, verified by n	ne, and to the best o	of my knowledge and bel							
	suant to the provisions of to processing of our information	the National Internal R	Revenue Code, a	as amended, and the r	regulations issued und	der authority thereof.	. Further, we give our co							
		MS.	LEGRENA'N.	SANGALANG/ADN	AIN DIVISION MAI	NAGER/TIN#157-	473-974-000							
			NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED AND ADDRESS OF T	Printed Name of Payo		Representative/Ta								
	Tax Agent Accreditation I	No /Attorney's Poll No	(if applicable)		Date of I	SSUBACE		Date of Expiry						
-	Tax Agent Accreditation I	NO.IACOTTES S ROIL NO	. (н аррисаме)	C	ONFORME:	south ice								
CORDUS N					MARKETING INC									
			Signature over	Printed Name of Paye (Indicate Tit	es/Payee's Authorized le/Designation and Ti	853	х Адент							
	8													
	Tax Agent Accreditation I	No./Attorney's Roll No	. (If applicable)	E .	Date of I	ssuance		Date of Expiry						



2307



Ja	anuary 2018 (ENCS)					With	held	at	Sou	irce	,						11.			8ENCS
	in all applicable spaces. Ma	rk all ap	propria	te boxes	with	an "X".											7			
1	For the Period	From	10	014	2	024	(MM/DI	DYYYY	7		То	12	31		2024	L		(MM/DI	JYYYY)
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2	Taxpayer Identification Nur	mber (T	IN)			004 -	661	-	920	-	, 90	φ							11:3-	The state of the s
3	Payee's Name (Last Name KOLIN MARKET				ame	for Individu	al OR Re	gistere	d Name	for Nor	n-Individu	al)				a III				
4	Registered Address			6-11-1									100						4A ZI	P Code
	1854 Sta. Rita Stre		uadal	upe Nu	iev	o, Makat	i City				7.1.30								L	11
	Toleigh Address, ii applica																			
_						Total State of the Land State	Part II -	Payor		tion	00	200	7	-					-	- CANADA
	Taxpayer Identification Nur			#:-1-H- A1-	_	007 -	330		238	i -		000								
7	Payor's Name (Last Name BLUEDIAMOND					TOT Individue	OR Reg		i ivame i	OF INOT	-maiviau	ai)								
8	Registered Address									-				-			-		-	P Code
	240 Banawe cor. Pa	naltur	an Str	THE RESERVE OF THE PERSON NAMED IN								ner :					_			115
		A SACRET		Part	-	Details of N	ionthly li				Taxes \							To:: 10	(ith hale	for the
In	come Payments Subject t Withholding Tax		nded	ATC		1st Monti		2nd	Month c	f the	3rd Mo	nth of			Tota	1		Idx V	Quarte	
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or o t	We declare under the pena rect, pursuant to the provision the processing of our information	ons of th	ne Natio	onal Inter	nal l	Revenue Co	de, as ar	nended	d, and th	e regul	ations iss	ued un	der a	uthor	rity there	eof. F	urth	nd belie ner, we	f, is true give our	e and consen
							WAYNI													
			Sign	nature ov	er P	rinted Name		r/Payor	's Autho	rized R		ative/T	ax Ag	gent					52/7 (m s 15)	
	Tax Agent Accreditation No./						Date of	Issue				1			of Expir			1	1	1 1
A	tomey's Roll No. (if applicable)	-		-		(MWDD	ONFO	ME.		Ш) (MM/D	D/YYYY	/	_	4		
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BIR Form No. 2307



.la	2301 nuary 2018 (ENCS)			Withheld	at Sour	ce		SERVING NEW YORK OF LINE	2307 01/18ENCS
	in all applicable spaces. Ma	rk all appropria	te boxes with	an "X".					
1	For the Period	From 10	01 2	024 (MM/DL	D/YYYY)	То	12 3	4 2024	(MM/DD/YYYY)
				Part I – F	Payee Information			7	
	Taxpayer Identification Nun			04 - 661	- 920	- 0101			
3	Payee's Name (Last Name		liddle Name f	or Individual OR Regi	stered Name for N	on-Individual)		
	KOLIN MARKET	ING, INC.							4A ZIP Code
4	Registered Address 1854 Kolin Bldg. S	Sta Rita St	Guadalu	ne Nuevo. Maka	ati City				1,2,12,
5	Foreign Address, if applica		, Guadara	pe ivaevo, iviak	ui Oitj				
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-	Taxpayer Identification Num	nhor /TIMI	Γο		Payor Informatio		0.0	1	
	Payor's Name (Last Name,		The second second	or Individual OR Regis	- 0 ₁ 5 5		φO _I	J	
•	SUNTRAK CORPORA		radio ramo n	, manual and a second			5-10-10-10-10-10-10-10-10-10-10-10-10-10-		
8	Registered Address						26		8A ZIP Code
	UNIT 1201 PARKWAY CO	RPORATE CEN	TER, CORPOR	ATE AVE., COR. PARK	WAY PLACE, FILIN	VEST CITY, AI	ABANG, M	IUNTINLUPA CITY	42 34
			Part III -	Details of Monthly I					
li	ncome Payments Subject t		ATC	1st Month of the	AMOUNT OF 2nd Month of t		onth of the	Total	Tax Withheld for the Quarter
_	Withholding Tax	K		Quarter	Quarter	Qı	uarter		- Guaran
Pay	ments made by top 10,000	private	WC158	57,507.32		+		57,507.32	575.07
-	porations to their local		WC160	892.86				892.86	17.86
sup	pliers of goods and services	S.							
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SI-	58711								
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Tot	al			58,400.18		-	-	58,400.18	592.93
Mo	ney Payments Subject to V		F		-				
_	Business Tax (Governmen	it & Private)				-			
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To									
cor	We declare under the pena rect, pursuant to the provision processing of our information	ons of the Natio	onal Internal F	Revenue Code, as am	ended, and the re	gulations issu	ied under a	uthority thereof. Furth	nd belief, is true and er, we give our consent to
					INE P. SALON	GA			
_		Sig	gnature over	Printed Name of Payo	r/Payor's Authoriz	ed Represent	tative/Tax A	Agent	
	Tax Agent Accreditation No./			Date of		(((()		Date of Expiry	
A	ttorney's Roll No. (if applicable	9		(MM/DD				(MM/DD/YYYY)	
		Sig	nature over F	Printed Name of Paye	e/Payee's Authoria	ed Represen	tative/Tax	Agent	
H20	Tax Agent Accreditation No./	. [Date of	Issue			Date of Expiry (MM/DD/YYYY)	
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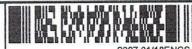
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		Part I -	- Payee Information			51#5872
2 Taxpayer Identification Number (TIN) 3 Payee's Name (Last Name, First Name KOLIN MARKETING INC 4 Registered Address 1854 STA RITA ST GUADA 5 Foreign Address, if applicable 6 Taxpayer Identification Number (TIN) 7 Payor's Name (Last Name, First Name, MOLAVE TRADING INC 8 Registered Address	, Middle Name	Part II 000 390 for Individual OR Re	Payor information	000		4A ZIP Code
891 EDSA DILIMAN QUE			Income Payments ar	od Taves Withheld	and the second s	1103
income Payments Subject to Expanded Withholding Tax		1st Month of the Quarter	AMOUNT OF INC	OME PAYMENTS 3rd Month of the Quarter	Total 17,154,46	Tax Withheld for the Quarter 171.54
Total Money Payments Subject to Withholding Business Tax (Government & Private)	of	17,154.4	3		17,154.46	171.54
Total We declare under the penalties of perjuic correct, pursuant to the provisions of the Natithe processing of our information as contempted. JOAN T. GONZAL	ional Internal R plated under the	evenue Code, as an e *Data Privacy Act	rended, and the regulat	ions issued under auti 3) for legitimate and la	lority thereof, Further,	we give our consent to
THE STATE OF THE S		Printed Name of Pay	/or/Payor's Authorized I	Representative/Tax Ag		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of (MM/D	itle/Designation and TII of Issue D/YYYY) CONFORME:		Date of Expiry (MM/DD/YYYY)	
Ę	Signature over F		ee/Payee's Authorized		gent	
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date o	itle/Designation and TII of Issue D/YYYY)		Date of Expiry (MM/DD/YYYY)	



BIR Form No. 2307



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2 Taxpayer Identification Numb	er (TIN)	0	004 - 661	- 91210 -	0101011		
3 Payee's Name (Last Name,	First Name, Mi						
KOLIN MARKETI	NG, INC.						
4 Registered Address						Charles (Charles)	4A ZIP Code
KOLIN BLDG. EDSA COF	R. MAGALLAN	IES AVE. IV	AGALLANES VILLA	GE MAKATI CITY			
5 Foreign Address, if applicable	e						
			Part II –	Payor Information	The state of the s		WHEE THE PROPERTY OF THE PARTY
6 Taxpayer Identification Numb	per (TIN)	0	000 - 369	- 0,5,2 -	0,0,0		
7 Payor's Name (Last Name, I	First Name, Mic	idle Name f	or Individual OR Regi	stered Name for Non-I	Individual)		
PHESCO, INCORP	ORATED						
8 Registered Address	***						8A ZIP Code
491-495 QUEZON	AVENUE	QUEZO	N CITY				
		Part III -	Details of Monthly I	AMOUNT OF INC	OME PAYMENTS		
Income Payments Subject to Withholding Tax	Expanded	ATC	1st Month of the	2nd Month of the	3rd Month of the	Total	Tax Withheld for the Quarter
Income Payment made by top withho	Iding agents to	italia ilain	Quarter	Quarter	Quarter		
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correct pursuant to the provision	s of the Nationa	al Internal R	evenue Code, as ame	ended, and the regulati	ons issued under aut	nority thereof. Further,	we give our consent to
the processing of our information	as contemplat				s) for legitimate and la	wrul purposes.	
۸				89-185-000 / CHIEF FI	NANCE OFFICER		
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	Sigi	nature over	(Indicate Titl	or/Payor's Authorized F e/Designation and TIN	√epresentative/rax A(√)		
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Republic of the Philippines Department of Finance Bureau of Internal Revenue

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

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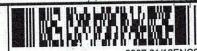
1 For the Period From 10	0 14 2	10 4 4	DD/YYYY) - Payee Information	To 10 3	31 2024	(MM/DD/YYYY)
2 Taxpayer Identification Number (TIN)		009 - 57/3	- 8195 -	0,00, 1, 1		
3 Payee's Name (Last Name, First Name, M KOLIN MARKETING, INC.	liddle Name f	for Individual OR Regi	stered Name for Non-	Individual)		
4 Registered Address 1854 STA. RITA ST. GUADALU	DE NUEVA	O MAKATI CITY	(1212		A STATE OF THE STA	4A ZIP Code
5 Foreign Address, if applicable	FE NUEVO	O MAKATI CITY	1212			
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8 Registered Address						8A ZIP Code
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goods other than those covered by other rates of withholding tax	WC158	19,546.88			19,546.88	195.47
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Total Money Payments Subject to Withholding of		19,546.88			19,546.88	195.47
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otal We declare under the penalties of perjury the	eat this contific	cate has been made in	good foith worked b	and to the best of		
rursuant to the provisions of the National Internation as contemplated	al Revenue C	ode, as amended, and	the regulations issue	d under authority there	of Further we give ou	ir consent to the
Albertio		EU MONTO VE EL SE ANTA				
ARMAIN F. LOBARBIO	nature over F	242-899-24 Printed Name of Payor	/Payor's Authorized R	epresentative/Tax Age	ED REPRESE	NTATIVE
Tax Agent Accreditation No./		(Indicate Title	A/Designation and TIN/ Ssue) 	Date of Expiry	3 T
Attorney's Roll No. (if applicable)		(MM/DD/Y	NFORME:		MM/DD/YYYY)	

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

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

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4 Registered Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4A ZIP Code
1854 Sta. Rita St., Guadalupe Nuev	o Makati C	City, Philippines 121	12			
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7 Payor's Name (Last Name, First Name, M.			tered Name for Non-li	ndividual)		
CHINA BANK SAVINGS, INC.						04 7ID 0 4
Registered Address	(AT A)/[NII	IE MAKATI CITY				8A ZIP Code 1,2,0,0
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	Part III -	Details of Monthly In	AMOUNT OF INC	OME PAYMENTS		Tax Withheld for the
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
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We declare under the penalties of perjury correct, pursuant to the provisions of the Nation the processing of our information as contemple the processing of the processing the process	ngal Internal	Revenue Code, as am	ended, and the regula	itions issued under au	monly mereor. Furthe	r, we give our consent to
MARCO E. DE	7 M MESA		-872-774-000		SEMENT HEAD	
Sig	gnature over	Printed Name of Payo	r/Payor's Authorized F le/Designation and TIN	Representative/Tax Ag	gent	
V		(Indicate Little Date of	Issue		Date of Expiry	
Tax Agent Accreditation No./			MYYY)		(MM/DD/YYYY)	the state of the s

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

For BIR BCS/ Jse Only Item:

BIR Form No. **2307**

Certificate of Creditable Tax Withheld at Source



January 2018 (ENCS) ill in all applicable spaces. Mark all appropriate boxes with an "X" (MM/DL/YYYY) 1,2 3,1 2,0,2,4 (MM/DD/YYYY) 1,0 0,1 2,0,2,4 From For the Period Part I - Payee Information 9,2,0 6,6,1 2 Taxpayer Identification Number (TIN) Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) 3 KOLIN MARKETING, INC. 4A ZIP Code Registered Address 1854 Sta. Rita St., Guadalupe Nuevo Makati City, Philippines 1212 Foreign Address, if applicable Part II - Payor Information - 5 3 2 0,0,0 5, 0, 4 6 Taxpayer Identification Number (TIN) 0,0,0 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) CHINA BANK SAVINGS, INC. 8A ZIP Code Registered Address 1,2,0,0 CBS BUILDING, 314 SEN GIL PUYAT AVENUE, MAKATI CITY Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS Tax Withheld for the Income Payments Subject to Expanded 1st Month of the 2nd Month of the 3rd Month of the ATC Total Quarter Withholding Tax Quarter Quarter Quarter 166.43 16,642.86 16,642.86 WC158 SUPPLIER OF GOODS 166.43 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. MI DISBURSEMENT HEAD 245-872-774-000 CO E. DE MESA MA Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry Date of Issue Tax Agent Accreditation No./ (MM/DD/YYYY) (MM/DD/YYYY) Attorney's Roll No. (if applicable) CONFORME:



Republic of the Philippines Department of Finance Bureau of Internal Revenue

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BIR Form No. 2307



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4	Registered Address 1854 Sta. Rita St. Guadalupe,N	uevo, Maka	ati City,					4A ZIP (Code
5	Foreign Address, if applicable								\neg
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7	Payor's Name (Last Name, First Name, M C&F MANUFACTURING PHILS		or Individuai	OR Registe	ered Name for Non-I	ndividual)			
8	Registered Address Lots 1-4, Blk 11, Phase III, ,FCII	F - SF7 La	ngkaan I	I Dasma	rinas Cavite			8A ZIP (Code
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Tota	ı								
	We declare under the penalties of perjury	that this certi	ficate has b	een made in	good faith, verified	by us, and to the bes	t of our knowledge and	d belief, is true and	1
	ect, pursuant to the provisions of the Natio processing of our information as contempl							, we give our cons	en to
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Republic of the Philippines Department of Finance Bureau of Internal Revenue

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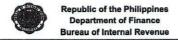


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4 Registered Address						4A ZIP Code
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6 Taxpayer Identification Number (TIN)	HTS:####################################	05 - 903	- 689 -	0 0 0	Contract Contract	
7 Payor's Name (Last Name, First Name, M CDC MANUFACTURING		or individual OR Regis	stered warne for worr-in	icivicual		777 (March 1987) 45 (March 1987) 15 (March 198
8 Registered Address			Page 1 and the base of the			8A ZIP Code
#8 UNIVERSITY AVENUE	FXT R	RGY POTREE	O MALABON	CITY		1,475
TO CIVITERSTIT AVEILUE			ncome Payments and	Taxes Withheld	go kilekining sans	
Income Payments Subject to Expanded	ATC	1st Month of the	AMOUNT OF INC	OME PAYMENTS 3rd Month of the		Tax Withheld for the
Withholding Tax	716	Quarter	Quarter	Quarter	Total	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.						
SI#58642 DR#53113	WC 158		21,817.95		21,817.95	218.18
AP2410257/CV241129469			-1,000,000			
					27	
			9			
			04.047.05		24 947 05	240.40
Total Money Payments Subject to Withholding of	£4619220000	·	21,817.95	-	21,817.95	218.18
Business Tax (Government & Private)						
1						
		35				
Total We declare under the penalties of perjury	hot this certif	icata has hash mada	in good faith, verified I	y us, and to the best	of our knowledge and	helief is true and
correct pursuant to the provisions of the Natio	nal Internal R	evenue Code, as am	ended, and the regulat	tions issued under aut	hority thereof. Further	, we give our consent to
the processing of our information as contempla	ated under the	e *Data Privacy Act of	2012 (R.A. No. 10173	s) for legitimate and la	wiui purposes.	
			ND DASCO			
Cir.	mature over	ACCOUNTING SUP	PER SOR / 251-182- r/Payor's Authorized R	425-000 Representative/Tax Ag	ent	
	mature over i	(Indicate Titl	e/Designation and TIN)		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of (MWDD)	CONTRACTOR OF THE PARTY OF THE	4,400,254-0	Date of Expiry (MWDD/YYYY)	
Autoritey a Mai No. (ii applicable)		AND DESCRIPTION OF THE PERSON	ONFORME:			Salaran Salar Bada Barangan
		Printed Name of Deve	e/Payee's Authorized f	Renresentative/Tay M	nent	1775 · 1
	nature over F	(Indicate Titl	e/Designation and TIN)		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of (MM/DD)			Date of Expiry (MM/DD/YYYY)	

BIR Form No. **2307**



January 2018 (ENCS)		מיי, בעלים עביינים וווייים	2307 01/18ENCS			
Fill in all applicable spaces. Mark all appr 1 For the Period From		A Property of the Section of the Sec	D/YYYY)	To 1 ₁ 1 3 ₁	0 20214	(MM/DD/YYYY)
	1 ₁ 1 0 ₁ 1 2 ₁	りとす。原動機能等	Payee Information		Company of the second s	CALL STATE OF THE
2 Taxpayer Identification Number (TIN)		04 - 61610	- 226 -	01010100		
3 Payee's Name (Last Name, First Name	ne, Middle Name f	or Individual OR Regis	stered Name for Non-I	ndividual)		
KOLIN MARKETING, INC.						4A ZIP Code
4 Registered Address KOLIN BLDG EDSA COR MAG.	ALLANES AVE	MAGALLANES VII	LAGE 1232 MAKA	II CITY	10	
5 Foreign Address, if applicable						
		Part II -	Payor Information		en camponio de despresa de la	
6 Taxpayer Identification Number (TIN)	建設在計劃的	0ρ - 821	466	0,00		
7 Payor's Name (Last Name, First Name) STANDARD INSURANCE CO.	GM10800	or Individual OR Regis	tered Name for Non-II	ndividuai)		
8 Registered Address	, 1140				T. A. S.	8A ZIP Code
25&26F The Enterprise Tow	er 1, 6766 Ay	ala Avenue corne	r Paseo de Roxas	, Makati City	White the state of	1,2,26
Constitution of the second	line the sense were the sense.	Details of Monthly I	ncome Payments an	Taxes Withheld		
Income Payments Subject to Expande Withholding Tax	ed ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
Supplier of Goods	WC158				72,582.23	725.82
Supplier of Services	WC160				535.71	10.71
Rentals	WC100				-	•
	-					
		1				
Total					73,117.94	736.54
Money Payments Subject to Withhold						
of Business Tax (Government & Priva	ite)					(H)
Total						
We declare under the penalties of pe	rium that this carti	l ficato has boon 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 f	National Internal F	evenue Code, as ame	ended, and the regulat	tions issued under aut	thority thereof. Further,	we give our consent to
the processing of our information as conte	emplated under the	阿林斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯) for legitimate and la	wiui purposes.	Employees the text
			boaspor			Sec
		CARLOS GENERAL ACC	D. TAN OUNTING SECTION I	HEAD		
	Signature over		r/Payor's Authorized F		gent	
Tax Agent Accreditation No./		Date of			Date of Expiry	
Attorney's Roll No. (if applicable)	Maria grafinka in	(MWDD)	ONFORME:		(MWDD/YYY)	
	Signature over F		e/Payee's Authorized		gent	
Tax Agent Accreditation No./		(Indicate Titi	le/Designation and TIN	I I I I I I I I I I I I I I I I I I I	Date of Expiry (MWDD/YYYY)	



SI # 58836

BIR Form No. **2307**



January 2018 (ENCS)			Withheld	d at Source	9		2307 01/18ENCS
ill in all applicable spaces. Man 1 For the Period	k all appropria	CONTRACTOR DE LA CONTRA	0 2 4 (MM/D	DYYYY)	то 1 1 3	0 2 0 2 4	(MM/DD/YYYY)
2 Taxpayer Identification Nun	nber (TIN)	Б	Part I – 10 4 6 6 1	Payee Information	0, 0, 0, 0, 0		
3 Payee's Name (Last Name, KOLIN MARKETIN	First Name, M	TO STATE OF STREET		Barrier Barrier			
Registered Address KOLIN BLDG,EDS	SA COR. N	//AGALLA	NE AVE. MAG	SALLANES VILI	_AGE 1232 MA	KATI CITY	4A ZIP Code
5 Foreign Address, if applical	ole						
6 Taxpayer Identification Num 7 Payor's Name (Last Name, MONACO MFG C	First Name, M	COLDIVINIA PROCESSION	0 0 2 9 5	District Interest	O O O O O		
8 Registered Address 101 MATUTUM S	T. COR. M	AUBAN S	ST., BRGY, MA	NRESA, QUEZ	ZON CITY		8A ZIP Code 1 1 1 5
		Part III -	Details of Monthly I	ncome Payments an	d Taxes Withheld		
Income Payments Subject to Withholding Tax		ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
ncome payments made by top orporations to their local/resid							
upplier of goods		WC158		4,910.71		4,910.71	49.11
otal floney Payments Subject to W				4,910.71		4,910.71	49.11
Business Tax (Government	& Private)						
otal				AND ENDOLLES DE STATE DE STATE DE	Managasa Awa in a right of		
We declare under the penal orrect, pursuant to the provision ne processing of our information	ns of the Nation	nal Internal R	tevenue Code, as am	ended, and the regula	tions issued under au	thority thereof. Furthe	belief, is true and r, we give our consent to
ENRIQUE				107-886-462		VP-MANUFA	CTURING
Total Constitution No.	Sigi	nature over P	(Indicate Title	r/Payor's Authorized F e/Designation and TIN)		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	H Control of the Cont		Date of (MM/DD/			Date of Expiry (MM/DD/YYYY)	
						and the second s	
Tax Agent Accreditation No./	Sign	ature over P		a/Payee's Authorized F a/Designation and TIN Issue)	gent Date of Expiry	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
			Date of		TOTAL STREET		1 . 1

BIR Form No

Certificate of Creditable Tax Withheld At Source

January 2018 (ENCS)

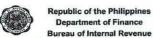
Fill in all applicable spaces, Mark all appropriate boxes with an "X 1,23,12,0,2,4 From 1,00,12,0,2,4 (MM/DD/YYYY) 1 For the Period (MM/DD/YYYY) Part I - Payee Information 0,0,4-6,6,1-9,2,0-0,0,0 2 Taxpayer Identification Number (TIN) Payee's Name (Lest Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) Kolin Marketing, Inc. 4A ZP Code Registered Address 1854 Kolin bldg., Sta. Rita St., Gaudalupe Nuevo, Makati City Foreign Address, if applicable Part II - Payor Information 0,0,1,2,9,1,7,1,4,0,0,1 8 Taxpayer Identification Number (TIN) Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) Seatrade Canning Corporation 8A ZP Code Registered Address Bo, Cabu, Tambler GENERAL SANTOS CITY 9, 5, 0, 0 Part III - Details of Monthly Income Payments and Taxes Withheld
AMOUNT OF INCOME PAYMENTS income Payments Subject to Tax Withheld for ATC 1st Month of the 2nd Month of the 3rd Month of Expended Withholding Tax the Quarter the Quarter Quarter Quarter 1% Inc payments by Top 20000 Corp. WC158 0.00 0.00 32,305.45 32,305.45 323.05 - goods 323 05 Total Money Payments Subject to Withholding of Business Tax we declare under the penakes of perfury that this certificate has been made in good faith, vertiled 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 mended, 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 law ful Rosalie V. Bucol / Accounting Manager / 919-034-455 Signature over Printed Name of Payor/Payor's Aythorized Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expire (MM/DD/YYYY) Attorney's Roll No. (if applicable) CONFORME Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry Date of Issue Tax Agent Accreditation No./ (M M /DD/YYYY) Attomey's Roll No. (if applicable)

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BIR Form No. 2307 January 2018 (ENCS)



Fill in all applicable spaces. Mark all appropria		an "X".				
1 For the Period From 1	$1 \mid 0 \mid 1 \mid 2$		DDYYYY)	To 1 ₁ 1	3 0 2 0 2 4	(MM/DD/YYYY)
2 7		Rest .	Payee Information			
2 Taxpayer Identification Number (T/N)		004 - 661	- 920 -	00000		Lang. 6-30-14-55
3 Payee's Name (Last Name, First Name, I KOLIN MARKETING INC		for Individual OR Res	gistered Name for Non	-Individual)		
4 Registered Address		The street and	排作在 同时会会自己的			4A ZIP Code
1854 STA RITA ST GUADALUPE N	UEVO MAK	ATI CITY 1212				
5 Foreign Address, if applicable						
			Payor Information	Appropriate Constitution (Appropriate Constitution Consti		administration of the state of
6 Taxpayer Identification Number (TIN)	419.194	007 - 421	TORSES TORSES	00000		Constant Cons
7 Payor's Name (Last Name, First Name, M THE PICASSO RENTAL N				Individual)		
8 Registered Address						8A ZIP Code
GROUND FLOOR THE PICASSO BOUTION MAKATI NCR, FOURTH DISTRICT PHIL	QUE SERVIC	ED RESIDENCES 119	L.P. LEVISTE ST. SAL	CEDO VILLAGE, BE	L-AIR 1227 CITY OF	1/2/27
		Details of Monthly	ncome Payments and	d Taxes Withheld		3(12 2 1
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the	2nd Month of the	OME PAYMENTS 3rd Month of the	Total	Tax Withheld for the
	WC158	Quarter	Quarter	Quarter		Quarter
payments made by top 10,000 private corporations to their local supplier	WC156	-	8,118.75	-	8,118.75	81.19
of GOODS						
					-	
					-	
Total			8,118.75		8,118.75	81.19
Money Payments Subject to Withholding of Business Tax (Government & Private)		学 医神经性				
		4	See	20000204020000000000000000000000000000		
-otal						
We declare under the penalties of perjury the	at this certific	rate has been made i	n good faith, vorified b	v up and to the boot	of our knowledge and	- bollof to the and
correct, pursuant to the provisions of the Nation	al Internal Re	venue Code, as ame	nded, and the regulation	ons issued under au	thority thereof. Further,	we give our consent to
he processing of our information as contemplat	ed under the	*Data Privacy Act of	2012 (R.A. No. 10173)	for legitimate and la	wful purposes.	
			EL CANTINA GER / 305-582-532-0	00		
Sign	ature over Pr	W-000-00-00-00-00-00-00-00-00-00-00-00-0	Payor's Authorized Re		ent	See the section to the second
		(Indicate Title	(Designation and TIN)			
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of Is (MM/DD/)	00000000000000000		Date of Expiry (MM/DD/YYYY)	
		e e	NFORME:			1950) (Supplemental)
Signa	ature over Pri	nted Name of Payee/	Payee's Authorized Re	epresentative/Tax Ag	jent	
Tax Agent Accreditation No./		(Indicate Title	Designation and TIN)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date of Expiry	en en weine de la companya de la co
Attorney's Roll No. (if applicable)		(MM/DD/Y			MM/DD/YYYY)	



BIR Form No. 2307

Certificate of Creditable Tax



January 2018 (ENCS)			Wit	hheld	d at Source	e			landa Padil ' al	2307 01/18ENCS
ill in all applicable spaces. Mark all a										#88400000000000000000000000000000000000
1 For the Period From	m 11	01 2	0 2 4 1	and the beg	D/YYYY)	То	11	30 20	2 4	(MM/DD/YYYY)
				Part I -	Payee Information			7		
2 Taxpayer Identification Number (TIN)	0	0 4 -	6,6,1	- 9 2 0 -	100	0			
ROLIN MARKETING, INC.		ddle Name fo	or Individua	I OR Regis	tered Name for Non-	Individual)				
4 Registered Address	46,70			(Francisco						4A ZIP Code
1854 STA. RITA ST. GUA	ADALUP	E NUEVO	MAKAT	I CITY						1/212
Foreign Address, if applicable				Typical):						
			Ac. C.C.		Payor Information					
Taxpayer Identification Number (W	2 0 -	0,82	1995	86	9 1			
Payor's Name (Last Name, First POWERKING INDUSTRI				OR Regist	tered Name for Non-	Individual)				
Registered Address	Ewall De				1000	ere in the		3,000,00		8A ZIP Code
13 Gloria Vista Subdivisio	n, San Ra									
		Part III -	- Details o	f Monthly I	Income Payments a AMOUNT OF IN					Tax Withheld for the
Income Payments Subject to Exp Withholding Tax	panded	ATC	The second of th	nth of the arter	2nd Month of the Quarter	a 3rd Mor	th of the	7	otal	Quarter
Payment made by top 10,0000 p	rivate	WC158	QU	ai ter	302,502.4				302,502.41	3,025.0
corporations to their local / resident	suppliers							1		
of goods										
						+		-	-	
			-					-		
						1		1		
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otal										3,025.0
Money Payments Subject to Withh Business Tax (Government & P										
								-		
otal										
We declare under the penalties oursuant to the provisions of the Nation rocessing of our information as continuous contraction.	onal Interna	Revenue C	ode, as an	nended, and	d the regulations issu	ed under auth	nority the	eof. Further		
					\/\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
	Sig	nature over			VIRGIE P. C or/Payor's Authorized le/Designation and Ti	Representati	ve/Tax A	gent		
Tax Agent Accreditation No./	TO STATE OF THE ST			Date of	Issue			Date of Ex	P-1040-03271	
Attorney's Roll No. (if applicable)	77,077	el e per e	Sample of	(MM/DD/	ONFORME:			(MM/DD/Y)	YY)	
	Sig	nature over l		Indicate Titl	e/Payee's Authorized le/Designation and Ti		ive/Tax A	Ser Barrie		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)				Date of		111		Date of Ex		



public of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. **2307**



ary 2018 (ENCS) Il applicable spaces. Mark all appropriate	boxes with a	n "X".	6			2307 01/18ENCS
or the Period From 11	01 2	.024	D/YYYY) Payee Information	To 11 30	2024	(MM/DD/YYYY)
xpayer Identification Number (TIN)		004 - 661	- 920 m	000		
yee's Name (Last Name, First Name, Mic	die Name fo	r Individual OR Registi	ered Name for Non-Inc	dividual)		
gistered Address	Total falls Company of the S	Sugainteen segit eraileer se an		ens ebligaciónes con electific	March path) sign and side for	4A ZIP Code
Kolin Bldg. Edsa Cor. Magallanes reign Address, if applicable	Ave. Mag	allanes Village				A Residence of the Control of the Co
xpayer Identification Number (TIN)		Part II -	Payor Information 656	0000		
yor's Name (Last Name, First Name, Mid ARLO ALUMINUM COMPANY II	dle Name fo	r Individual OR Registe	ared Name for Non-Inc	lividual)		
gistered Address						8A ZIP Code
903 PRESTIGE TOWER EMERA		ORTIGAS CENTS - Details of Monthly				1600
me Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	AMOUNT OF INC 2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
ome paymments made by top 20,000 ate corporations to their local/resident suppliers of service-Corporate			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
me payment made by top withholding s to their local/resident supplier of goods r than those covered by other rates of withholding tax	WC158		ь э «	×	204,073.57	2,040.74
	,		×			
· · ·						On I
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Payments Subject to Withholding of					refrancisco de la companya de la com	
siness Tax (Government & Private)				LUCKAN LOGARIS		
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				,		
,						(4 K
ž.	- 6		8 2	35 V		
at to the acquisions of the National Interna	al Revenue (Code as amended an	d the regulations issue	ed under authority there	ioi. Fuither, we give ou	consent to the
e declare under the penalties of perjury the	at this certifi	icate has been made in	n good faith, verified by	us, and to the best of	our knowledge and bel of, Further, we give ou	ief, is true and correct,
sing of our information as contemplated u	inder the *Da	ata Privacy Act of 2012	2 (R.A. No. 10173) for	legitimate and lawful pi	irposes.	
DARW	IN A. MEN	DIOLA A	ccounting Manager		101-898-412	
	gnature ove	r Printed Name of Pay (Indicate Till Date of	tle/Designation and Til	Representative/Tax Ag V)	Date of Expiry	
Agent Accreditation No./ ney's Roll No. (if applicable)		(MM/DE			(MM/DD/YYYY)	
			CRIBOANI-Y			
KOLI	MARKE	TING INC				
ROLII		Printed Nome of Dece	e/Pavee's Authorized	Representative/Tax A	gent	

Republic of the Philippines Department of Finance Bureau of Internal Revenue

SI # 58615

BIR Form No. 2307 nuary 2018 (ENCS)

Il applicable spaces. Mark all appropriat	e boxes with "X".					
the Period From 11/08	/2024 (MI	M/DD/YYYY)	11	То	11/08/2024	(MM/DD/YYYY)
		Part I	Payee Information			
payer Identification Number (TIN)	004		- 920 -	0000		
ee's Name (Last Name, First Name, Mid	dle Name for Indi					
		KOLIN	MARKETING	INC		4A Zip Code
istered Address 1854 STA	. RITA ST., G	UADALUPE NU	EVO MAKATI CI	TY, PHILIPPINES		1212
ign Address						
		Part II	- Payor Information			
payer Identification Number (TIN)	000		- 210 -	0000		
or's Name (Last Name, First Name, Mid	dle Name for Indi		ed Name for Non-Indi			
istered Address						8A Zip Code
			AS MAKATI CIT		And the second s	
	Part III	- Details of Monthly	Income Payments a			
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
e payments made by top withhold	WC158	the Quarter	the Quarter	the quarter	29,125.00	291.25
						,
			-			
				· ·		
					29,125.00	291.25
Payments Subject to Withholding						(+)
ness Tax (Government & Private)						
		15				
			/			
e declare under the penalties of perjury , pursuant to the provisions of the Natio processing of our information as contem	nal Internal Reve	nue Code, as amend	ded, and the regulation	ns issued under author	ity thereof. Further, w	elief, is true and e give our consent
		MA. LOU	JRDES L. DELA VEG	A		
		NIOR ASSISTANT	ICE PRESIDENT (TI	N 117-486-668)	Agant	
	Signature over		yor/Payor's Authorized itle/Designation and T	d Representative/ l'ax / (IN)	ngerit	
Tax Agent Accreditation No./ torney's Roll No. (If applicable)			Date of Issue (MM/MM/YYYY)		Date of Exp	
torriey's Roll No. (Il applicable)			CONFORME:			
	Signature over			d Representative/Tax	Agent	3
			itle/Designation and T			
Tax Agent Accreditation No./ torney's Roll No. (If applicable)		8	Date of Issue (MM/MM/YYYY)		Date of Exp (MM/MM/YY)	
The BIR Data Privacy is in the BIR website (v	www.bir.gov.ph)					



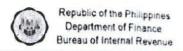
Republic of the Philippines Department of Finance Bureau of Internal Revenue

SI # 58695

BIR Form No. 2307 January 2018 (ENCS)



r the Period From 11/18/		(MM/DD/YYYY)	THE PARTY OF THE P	То	11/18/2024	(MM/DD/YYYY)
11/10/	2027	• Pocker visitor visitorionen Control II	- Payee Information	10[11/10/2027]
xpayer Identification Number (TIN)	0	04 - 661	920 -	0000		
yee's Name (Last Name, First Name, Midd						
,			MARKETING			
gistered Address						4A Zip Code
	RITA ST.,	GUADALUPE NU	JEVO MAKATI C	ITY, PHILIPPINES		1212
reign Address			***************************************	All the second districts of the second		
		Part II	- Payor Information			
xpayer Identification Number (TIN)	0	00 - 444	- 210 -	0000		
yor's Name (Last Name, First Name, Middl						
	2.	CHINA BAI	NKING CORPOR	ATION	P)	
gistered Address	9745	PASEO DE ROX	AS MAKATICIT	v		8A Zip Code
				KIR PROVINCE HAVE BEEN AND A STREET OF THE STREET		
Income Payments Subject to	-	III - Details of Monthly	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	COME PAYMENTS		
Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
me payments made by top withhold	WC158				21,843.75	218.44
		,				
					-	
			4			
				ti i	21,843.75	218.44
y Payments Subject to Withholding					20	
siness Tax (Government & Private)				2		
We declare under the penalties of perjury that, pursuant to the provisions of the National	nat this certifi	cate has been made in	good faith, verified by	y us, and to the best of	our knowledge and be	lief, is true and
processing of our information as contempl	ated under th	ne *Data Privacy Act of	2012 (R.A. No. 1017	3) for legitimate and lav	vful purposes.	
			th			
		MA. LOU	JRDES L. DELA VEG	Α		
		SENIOR ASSISTANT Ver Printed Name of Pa			Agent	
	Signature ov		itle/Designation and 7		-gent	All
Tax Agent Accreditation No./			Date of Issue		Date of Expir	
ttorney's Roll No. (If applicable)			(MM/MM/YYYY) CONFORME:		(IVIIVIIVIII I I I	''
		9			7	90
		2 B				HARLEY CONTRACTOR OF THE STATE
	Signature ov	er Printed Name of Pay (Indicate T	yee/Payee's Authorize itle/Designation and 7		Agent	
Tax Agent Accreditation No./		(maiodio 1	Date of Issue		Date of Expir	у
ttorney's Roll No. (If applicable)			(MM/MM/YYYY)		(MM/MM/YYY	Y)



2307

January 2018 (ENCS)

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

Certificate of Creditable Tax Withheld At Source



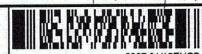
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For the Period From 1 0	0,12	0,2,4 (MM/DI	D/YYYY)	10 1,23	1 2 0 2 4 6	MINIUU/TTT/
	Power	AND DESCRIPTION OF PERSONS ASSESSMENT OF PER	ayee information			
Taxpayer Identification Number (TIN)	[0	0,4-6,6,	1 - 9,2,0 - 0	0,0,0,,,	gran, agrano e persona e mante	
3 Payee's Name (Last Name, First Name Kolin Marketing, Inc.	e Miggle N	ame for individual O	R Registered Name I	for Non-Individual)		
Registered Address 1854 Kolin bldg , Sta. Rita St	Gaudalur	e Nuevo. Makati	City	ga, papa sa kalendaran anda sakat maka kalendaran da da ka	ngranga Abangan di asa di Majaya da Andre a as an da Asan a	4A ZP Code
5 Foreign Address, if applicable	Cause				the profit me that the common is the statement of the place of the common open	
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	Γō		ayor information	0 0 1	7 	
6 Taxpayer Identification Number (TIN) 7 Payor's Name (Last Name, First Name	Middle No	me for Individual Of	R Registered Name 1	or Non-Individual)		
Seatrade Canning Corporation						
8 Registered Address				an against a commission of the second		9, 5, 0, 0
Bo. Cabu, Tambler GENERAL					,	13,300
Income Payments Subject to		The second second	come Payments an	MEPAYMENTS		Tax Withheld for
Expended Withholding Tax	ATC	Quarter	2nd Month of the Quarter	the Quarter	Total	the Quarter
1% Inc payments by Top 20000 Corp goods	WC158	0.00	0.00	32,305.45	32,305.45	323.05
- goods	 					
		 				
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Total	 	 				323 05
Money Payments Subject to Withholding of Business Tax						
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otal we declare under the penames of perjue and correct, pursuant to the provisions of give our consent to the processing of curposes.	of the Nati	nnal Internal Bayann	a Code as wheeled	and the reculation	ng issued under auch	Old meres
	Ros	talie V. Bucol / Acc	ounting/Manager / 9	19.034-455		
Signati		nted Name of Payori	Payor's Aylnerized F	Representative/Tax	Agent	
Tax Agent Accreditation No./		Date of	baue		Date of Expiry	
ttomay's Roll No. (dapplicable)		C (MM/DC	ONFORME:		a a report till	
White the second						
Signatu	re over Prir	nted Name of Payee	Payee's Authorized	Representative/Tax	Agent	
Tax Agent Accreditation No./		Date of			Date of Expiry	TITI
Romey's Roll No. (if applicable)		(MM/DE	D/YYYY)		M M /DD/YYYY)	

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

SI# 58757

BIR Form No. 2307 January 2018 (ENCS)



Fill	in all applicable spaces. Mark all appropriate	e boxes with	an "X".				
	For the Period From 1,0			D/YYYY)	To 1,2 3	1 2 0 2 4	(MM/DD/YYYY)
			Part I – I	Payee Information			
- 2	Taxpayer Identification Number (TIN)	Lumini	0 4 - 6 6 1		0101011		
3	Payee's Name (Last Name, First Name, M KOLIN MARKETING, INC.	iddle Name t	for Individual OR Regi	stered Name for Non-l	ndividual)		
4	Registered Address 1854 Sta. Rita St., Guadalupe Nuev	o Makati C	City, Philippines 12	12			4A ZIP Code
5	Foreign Address, if applicable						
			Part II.	Payor Information			
100	Taxpayer Identification Number (TIN)	ACRES A STREET	0 0 - 5 0 4	1 - 5 3 2 -	0 10 10 1 1		
7	Payor's Name (Last Name, First Name, Mil CHINA BANK SAVINGS, INC.	ddle Name fo	or Individual OR Regis	stered Name for Non-In	ndividual)		
8	Registered Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				8A ZIP Code
ľ	CBS BUILDING, 314 SEN GIL PUY	AT AVENU	JE, MAKATI CITY				1,2,0,0
		Part III -	Details of Monthly I	ncome Payments and	Taxes Withheld		
lr	ncome Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	AMOUNT OF INCO 2nd Month of the Quarter	OME PAYMENTS 3rd Month of the Quarter	Total	Tax Withheld for the Quarter
	SUPPLIER OF GOODS <	WC158		16,642.86		16,642.86	166.43
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	a program we self-sage						
							
_						La glant butters	
Tot	al						166.43
	ney Payments Subject to Withholding of Business Tax (Government & Private)						
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Tot	The fact of the first three to the three to the transfer to the transfer to		n 4 C L	Ye and folith wedfield	huus and to the bee	t of our knowledge and	halief is true and
corr	We declare under the penalties of perjury to ect, pursuant to the provisions of the Nation processing of our information as contempla	nal Internal P	levenue Code, as am	ended, and the regulati	ons issued under au	thority thereof. Further	, we give our consent to
	MARCO E. DE	161		872-774-000		EMENT HEAD	
			Printed Name of Payor	Payor's Authorized Resolvesignation and TIN	epresentative/Tax Ag	jent	
	Tax Agent Accreditation No./ torney's Roll No. (if applicable)		Date of (MM/DD/	Issue // / / / / / / / / / / / / / / / / /		Date of Expiry (MM/DD/YYYY)	
		THE PART OF	C	ONFORME:			



Republic of the Philippines Department of Finance Bureau of Internal Revenue

SI # 58789

BIR Form No. **2307**



January 2018 (ENCS)	- all capropri	t-ta hayaa wii	4 0V0	A GL GGG.G.			2307 01/18ENCS
Fill in all applicable spaces. Mark 1 For the Period F	From 111			DDYYYY)	To 1 1 2	21 2 0 24	IM/DD/YYYY)
			Part I – P	Payee Information		_	
2 Taxpayer Identification Numb		ATMEN E 等上出了一个正规的企业。10.00%	0 0 4 6 6 1		0,0,0,0,0		
3 Payee's Name (Last Name, I	200000 PG05	Viiddle Name	for Individual OR Reg	gistered Name for Nor	n-Individual)		
KOLIN MARKETING,	INC						10 7 ID 0 - 4
4 Registered Address 1854 STA. RITA ST. GUAD	DALLIPE NUE	EVO MAKATI	CITY PHILIPPINES				4A ZIP Code
5 Foreign Address, if applicable	05-40-500-0570-0500-05-65	VO IVIAICA	CITI, FINEIT				1,2 1,12
J VICIGIA, NA		A The State of the	Property and the second				
		The state of the s	Part II – F	Payor Information			
6 Taxpayer Identification Numb	oer (TIN)	0	90ρ - 286	- 051 -	0,0,0,,,		
7 Payor's Name (Last Name, F	The state of the s	Middle Name f	for Individual OR Reg	gistered Name for Non			
PIONEER FLOAT	GLASS N	MANUFA	CTURING INC			The second second second second	And the state of t
8 Registered Address	: 04		- · O:-				8A ZIP Code
ASEZ 730 MH Del	Pilar St.,	MODELL PROGRAMMA CONTRACTOR OF THE	HER RESIDENCE TO A STATE OF THE PROPERTY OF TH	ncome Payments and	T Withhold		1,6,02
Income Payments Subject to	Expanded			AMOUNT OF INCO	OME PAYMENTS		Tax Withheld for the
Withholding Tax		ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
LOCAL SUPPLIER GOO	DDS	WC158		53,559.02		53,559.02	535.59
							
			—			 	-
						 	
Total						 	
Money Payments Subject to W	Vithholding			53,559.02		53,559.02	535.59
of Business Tax (Government				00,000.02		55,559.02	000.00
							
							
otal							
We declare under the penalticorrect, pursuant to the provisions consent to the processing of our in	s of the Nation	onal Internal R	Revenue Code, as am	nengled, and the regula	lations issued under a	authority thereof. Fur	irther, we give our
			MARIC	CEL CARBONEL & Accounting / 194-			
	Signa	ature over Pri	inted Name of PayorF	Payor's Authorized Re	epresentative/Tax Age	ent	
Tax Agent Accreditation No./			Date of I	OWELF CONTROLS		Date of Expiry	T
Attorney's Roll No. (if applicable)			(MM/DD/)	NFORME:		(MM/DD/YYYY) L	
				MPORME.			



Republic of the Philippines Department of Finance Bureau of Internal Revenue

SI # 58790

BIR Form No. 2307



Fill in all applicable spaces. Mark all appropria	ate hoxes wit	h an "X"			Laurence	2307 01710L1103						
			DAYYY)	To 1, 1 2	1 0 0 0 1	IM/DD/YYYY)						
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		Part I – P	ayee Information		7							
2 Taxpayer Identification Number (TIN)		014 661	1 - 9 2 0 -	0,0,0,0,0								
3 Payee's Name (Last Name, First Name, M	<i>Iliddle Name</i>	for Individual OR Reg	gistered Name for Nor	ı-Individual)								
KOLIN MARKETING, INC												
4 Registered Address						4A ZIP Code						
1854 STA. RITA ST. GUADALUPE NUE	VO MAKATI	CITY, PHILIPPINES				1,2,1,12						
5 Foreign Address, if applicable												
Part II — Payor Information												
6 Taxpayer Identification Number (TIN)		The same of the sa	Teach Teach	0.00								
	ALTERNATION OF STREET	100 - 286										
7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) PLONIETE EL OAT CLASS MANNES ACTURING INC.												
PIONEER FLOAT GLASS MANUFACTURING INC.												
8 Registered Address 8A ZIP Code 1.6.0.3												
ASEZ 730 MH Del Pilar St., Pinagbuhatan, Pasig City												
Part III – Details of Monthly Income Payments and Taxes Withheld												
Income Payments Subject to Expanded	ATC	1st Month of the	2nd Month of the	3rd Month of the	Total	Tax Withheld for the Quarter						
Withholding Tax		Quarter	Quarter	Quarter								
LOCAL SUPPLIER GOODS	WC158		53,559.02		53,559.02	535.59						
Total												
Money Payments Subject to Withholding			53,559.02		53,559.02	535.59						
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.												
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Manager/Finance & Accounting / 194-769-774												
Cian	ature over Pr	Manager/Finance	# & Accounting / 194- Payor's Authorized Re	/69-774 enresentative/Tay Age	ent							
Sign	atule Ovel Cl		Designation and TIN)									
Tax Agent Accreditation No./	THE PARTY OF THE P	Date of	CATAROSE ARGERTAS		Date of Expiry	Τ, Ι,						
Attorney's Roll No. (if applicable)		(MM/DD)	NFORME:		MM/DD/YYYY)							
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Republic of the Philippines Department of Finance Bureau of Internal Revenue 10032 1/1/24

BIR Form No. January 2018 (ENCS)

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



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			Part I – P	ayee Information			
	Taxpayer Identification Number (TIN)	Limmon	0 4 - 6 6 1		0101011		
3	Payee's Name (Last Name, First Name, M KOLIN MARKETING, INC.	liddle Name i	for Individual OR Regis	stered Name for Non-l	ndividual)		
4	Registered Address						4A ZIP Code
- 7	1854 Sta. Rita St., Guadalupe Nuev	o Makati C	City, Philippines 121	12			
5	Foreign Address, if applicable						
			Part II – F	Payor Information			
- 20	Taxpayer Identification Number (TIN)		0 0 - 5 0 4		0 0 0 1 1		
7	Payor's Name (Last Name, First Name, MICHINA BANK SAVINGS, INC.	iddle Name f	or Individual OR Regis	tered Name for Non-In	ndividual)		
8	Registered Address						8A ZIP Code
	CBS BUILDING, 314 SEN GIL PUY	AT AVENU	JE, MAKATI CITY				1,2,0,0
-		Part III -	Details of Monthly Ir	ncome Payments and	Taxes Withheld		
1	ncome Payments Subject to Expanded	ATC	1st Month of the	AMOUNT OF INCO	OME PAYMENTS 3rd Month of the		Tax Withheld for the
	Withholding Tax	AIC	Quarter	Quarter	Quarter	Total	Quarter
	SUPPLIER OF GOODS	WC158		8,321.43		8,321.43	83.21
					100000000000000000000000000000000000000		
							00.04
To	tal ney Payments Subject to Withholding of	* 1					83.21
	Business Tax (Government & Private)						
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SKILL							
To							
cor	We declare under the penalties of perjury rect, pursuant to the provisions of the Natio processing of our information as contempla	nal Internal F	Revenue Code, as ame	ended, and the regulat	ions issued under au	thority thereof. Further	d belief, is true and , we give our consent to
e dipi	MARCO E. DE	W		872-774-000		EMENT HEAD	
			Printed Name of Payor		epresentative/Tax Ag		
	Tax Agent Accreditation No./		Date of I	ssue		Date of Expiry	
A	ttorney's Roll No. (if applicable)		(MM/DD/)	ONFORME:		(MM/DD/YYYY)	



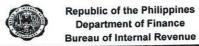
Republic of the Philippines Department of Finance Bureau of Internal Revenue

58735

BIR Form No. 2307



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2 Texpayer Identification Number (TN) 2 Paver's Name Land Yearn, Erich Name, Middle Name for Institutional Control Co	1 For the Period From 1,1	017 21	0 2 4		10 11 1 0	7 2 0 24	IIM/DD/YYYY)							
3 Pages Name (Last Name, Pist Name, Middle Name for Individual CR Registered Name for Nov-Individual CR Registered Address AA ZIP Code Registered Address AA ZIP Code 1843 STA, RITA ST, GUDALUPE NUEVO MAKATI CITY, PHILIPPINES 1/2 1/2 2 5 Feetigin Address Registered Address			Part I – P	ayee Information		_								
KOUN MARKETING, INC Registered Address An ZIP Code 1384 13. RTS ITS CAUDALUPE NUEVO MAKATI CITY, PHILIPPINES 142 1, 12 1384 13. RTS ITS CAUDALUPE NUEVO MAKATI CITY, PHILIPPINES 142 1, 12 1384 13. RTS ITS ITS CAUDALUPE NUEVO MAKATI CITY, PHILIPPINES 142 1, 12 1384 13. RTS ITS CAUDALUPE NUEVO MAKATI CITY, PHILIPPINES 142 1, 12 1384 13. RTS ITS ITS ITS ITS ITS ITS ITS ITS ITS I														
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1854 STA. RITA ST. GUADALUPE NUEVO MARATI CITY, PHILIPPINES 5 Foreign Address, if applicable Part III - Payor Information	KOLIN MARKETING, INC	Andrew Commence of the Commenc		Water Bridge Committee Com	- National Control		w .							
Foreign Address. If applicable Part II — Pavor Information Payor's Identification Number (PIN) Payor's Name (Last Name, First Name, Indide Name for individual OR Registered Name for Non-Individual) PIONEER FLOAT GLASS MANUFACTURING INC. Registered Address ASEZ 730 MH Del Pilar St., Pinagbuhatan, Pasig City Part III — Details of Monthly Income Payments and Tuse Withheld or the Quarter LOCAL SUPPLIER GOODS WC158 WC158 PART III — Details of Monthly Income Payments and Tuse Withheld or the Quarter Guarter 94,330,63 94,330,6	No. 10													
Part II - Payor Information From Payors Name (Lest Name - First Name, Middle Name for Individual OR Registered Name for Non-Individual) PloNEER FLOAT GLASS MANUFACTURING INC. 8 Registered Address 9 Registered Address 8 Registered Address 8 Registered Address 8 Registered Address 9 Registered Address 8 Registered Address 9 Registered Address 8 Registered Address 8 Registered Address 9 Registered Address 8 Registered Address 9 Registered Address 9 Registered Address 1 In 6 / 0 2 1 In 6 / 0 2	1854 STA. RITA ST. GUADALUPE NUE	VO MAKATI	CITY, PHILIPPINES				1,2,1,2							
6 Taxpayer Identification Number (TIN) Payer's Name (Last Name, First Name, Middle Name for Individual) PRONEER FLOAT GLASS MANUFACTURING INC. 8 Registered Address ASEZ 730 MH Del Pilar St., Pinagbuhatan, Pasig City Part III — Details of Monthly Income Payments and Taxes Withheld Income Payments Subject to Expanded Withholding Tax LOCAL SUPPLIER GOODS WC158 WC158 Total Money Payments Subject to Withholding O'B WC158 Total Money Payments Subject to Withholding O'B WC158 Total Work of the Country 94,330,63 94,330,63 94,330,63 94,330,63 94,330,63 94,330,63 94,330,63 94,330,63 Payments Iax (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 processing of our information as contemplated under the "Data Privacy of Cold," 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 of Cold," 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 of Cold," 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 of Cold," 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 of Cold," as Amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of Cour information as contemplated under the "Data Privacy of Cold," as Amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of Cour information as contemplated under the "Data Privacy of Cold," as Amended, and This "Cold," and This "Cold,"	5 Foreign Address, if applicable													
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Money Payments Subject to Withholding of Business Tax (Government & Private) - 94,330.63 - 94,330.63 943.31 Total 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. MARICEL MARBONEL Manager-Finance & Accorduitation No.7 Signature over Printed Name of Payor/Syor's Authority 194-769-774 Signature over Printed Name of Payor/Syor's Authority 194-769-774 Attorney's Roll No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)	ECOAL GOFFEIEN GOODG	WC 156		94,330.03		94,000.00	940.01							
Money Payments Subject to Withholding of Business Tax (Government & Private) - 94,330.63 - 94,330.63 943.31 Total 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. MARICEL MARBONEL Manager-Finance & Accorduitation No.7 Signature over Printed Name of Payor/Syor's Authority 194-769-774 Signature over Printed Name of Payor/Syor's Authority 194-769-774 Attorney's Roll No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)		<u> </u>												
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Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) Control of Expiry Control of Expiry	Sign	ature over P	rinted Name of Payor	/Payor's Authorized Re	epresentative/Tax Ag	ent								
Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY)			(Indicate Title	Designation and TIN)										
	TO GO TO THE STORY OF THE STATE		G.S.(6):(En-10):(2):(60:160:160:160:160:160:160:160:160:160:1	RECENTED AND THE PROPERTY OF T										
			CC	ONFORME:	AVERTICAL PROPERTY OF THE PARTY									



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

Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriat	e boxes with	The state of the s				(MM/DD/YYYY)
1 For the Period From 1_{10}	01 2	024	D/YYYY)	To 1 ₁ 2 31	2024	(MINDEDITITI)
		Part I -	Payee Information			
2 Taxpayer Identification Number (TIN)		04 - 661	7 9 2 0 -	010101		
3 Payee's Name (Last Name, First Name, M.	iddle Name	for Individual OR Reg	istered Name for Non-I	ndividual)		
KOLIN MARKETING INC						4A ZIP Code
4 Registered Address						1,2,12
1854 STA RITA ST GUADA	LUPE N	<u>UEVO MAKAT</u>	'I CITY			1 1 2 1 4
5 Foreign Address, if applicable						
	MORE TANKS THE PERSON NAMED IN COLUMN 1					
		Part II –	Payor Information			
6 Taxpayer Identification Number (TIN)		230 - 622		0 0 0 1 1		
7 Payor's Name (Last Name, First Name, Mi			istered Name for Non-I	ndividuai)		
MAGELLAN COMMODITIE	ES INCO	RPORATED				8A ZIP Code
8 Registered Address						1,0,07
126 TANQUE ST. BRGY 664	4 ZONE	071 PACO MAI	NILA	d Tayor Withhold		1 1001
THE REPORT OF THE PROPERTY OF	Part III -	- Details of Monthly	Income Payments and AMOUNT OF INC	OME PAYMENTS	Service Control of the A	Tax Withheld for the
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
Income payment made by top withholding	WC158	Quarter	31,246.52		31,246.52	312.4
agents to their local/resident supplier of	110.00					
goods other than those covered by other						
rates of withholding tax						
			21 212 52		31,246.52	312.4
Total		-	31,246.52		31,240.32	012.4
Money Payments Subject to Withholding of Business Tax (Government & Private)			Marie All Mar			
						
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Total		1				
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percent purculant to the provisions of the Natio	nal Internal	Revenue Code, as ar	mended, and the regula	itions issued under auti	lotity thereof. I utti	er, we give our consent
the processing of our information as contempl	ated under t	he *Data Privacy Ac	of 2012 (R.A. No. 1017	3) for legitimate and lav	viui purposes.	
			RASHIELA. SAMPANA			
		(ACCOUNTING A	SSISTANT/ 346-230-7	52-000)	int	
Siç	nature over	(Indicate Ti	or/Payor's Authorized in the/Designation and Till	Representative/Tax Age V)		
Tax Agent Accreditation No./		Date o	of Issue		ate of Expiry UM/DD/YYYY)	
Attorney's Roll No. (if applicable)		THE RESERVE OF THE PERSON NAMED IN	CONFORME:			

Anent Distant Name of Dayco/Payce's Authorized Representative/Tax Agent

2307

Certificate of Creditable Tax Withheld at Source

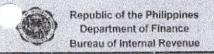


MARDENTY MARCHITYTY 26 23 Part I Cayes Informan 拉拉的 To Payment Statem (Cally Statem Total Marine Miles No. AA JIP Gede 0 is Compositional Autobiosis AND NOW MEET A NO CONTRACTOR MET NOT AND MAKE A SEC SED s Foreign Address, Fayskinste. Part II - Payor Information Taxpaner identification Number (TIN) 8,0 7 0, 0, 0 00 4 41) Payor's Name (Last Name, First Name, Middle Name for hydyshial OR Registered Name for Non-Individual) STONE WORKS SPECIALIST INTI. CORP 8A ZIP Code is Registered Address NEW CAVITE INDUSTRIAL ZONE STATELAND SUBDILOT LBRGY MANGGAHAN GENERAL TRIAS, CAVITE 4197 Part III – Details of Monthly Income Payments and Taxes Withheld
AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Tax Withheld for the 1st Month of the 2nd Month of the | 3rd Month of the Total Withholding Tax Quarter Quarter Quarter Quarter Payment of Goods PO 03272 WC158 31,248.52 312.47 312 47 31,246.52 312 47 312.47 Money Payments Subject to Withholding of Business Tax (Government & Private) Total We declare under the penalties of penury 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. w Stoneworks Specialist Infi Corp 004-640-897-000 Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent **NCMesina** (Indicate Title/Designation and TIN) Tax Agent Accreditation No / Attorney's Roll No. (if applicable) Date of Issue Date of Expiry (MM/DD/YYYY) (MM/DD/YYYY) CONFORME Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent Tax Agent Accreditation No. (Indicate Title/Designation and TIN) Attorney's Rott No. (if applicable) Date of Issue 'NOTE: The BIR Data Privacy is in the BIR website (www.bir gov.ph) Date of Expiry (MMDDYYYY) (MM/DD/YYYY)

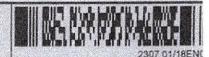
BIR Form No. 2307



January 2018 (ENCS)			d at Source	е	Second city and and at 1 and 1 to	2307 01/18ENCS
Fill in all applicable spaces. Mark all 1 For the Period From			DD/YYYY)		3 0 3 0 3 1	
	n 1, 1 0, 1 3		Payee Information	To 1, 1	3 0 2 0 2 4	(MM/DD/YYYY)
2 Taxpayer Identification Number	(TIN)	004 - 661	- 920 -	00000		
3 Payee's Name (Last Name, Firs KOLIN MARKETIN	l Name, Middle Name	Principle of the Paris of the P	\$4000000 August 1			
4 Registered Address 1854 STA RITA ST GUADA	LUPE NUEVO MAK	CATI CITY 1212				4A ZIP Code
5 Foreign Address, if applicable					1	
		Part II -	Payor Information			
6 Taxpayer Identification Number (· · · · · · · · · · · · · · · · · · ·	007 - 421		00000		
7 Payor's Name (Last Name, First THE PICASSO REN	Name, Middle Name TAL MANAGI	for Individual OR Regi EMENT CORP	stered Name for Non- ORATION	Individual)		
8 Registered Address GROUND FLOOR THE PICASSE MAKATI NCR FOURTH DISTR	O BOUTIQUE SERVIC			CEDO VILLAGE, BEI	-AIR 1227 CITY OF	8A ZIP Code
C MARKITIRE TOURISTIN		- Details of Monthly				1 1227
Income Payments Subject to Exp Withholding Tax	panded ATC	1st Month of the	2nd Month of the	OME PAYMENTS 3rd Month of the	Total	Tax Withheld for the Quarter
payments made by top 10,000 priva	ate WC158	Quarter -	Quarter 8,118.75	Quarter	8,118.75	81.19
orporations to their local supplier						
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e processing of our information as co	ontemplated under the		atter .	for legitimate and lav	wful purposes	
			EL CANTINA GER / 305-582-532-0	00		
	Signature over F	rinted Name of Payor	Payor's Authorized Re		ant	
Tax Agent Accreditation No./		(Indicate Title Date of I	Designation and TIN)		Date of Expiry	
Attorney's Roll No. (if applicable)		(MWDO/)	NFORME:		MW/DD/YYYY	
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	Signature over D	rinted Name of Peyee/	Oguada Audhana a d M			
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BIR Form No. 2307 anuary 2018 (ENCS)



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KOLIN MARKETING, INC. Registered Address							4A ZIP Cod
1854 STA RITA ST. GUADALUPE	NUEVO	MAKATI	CITY				1212
5 Foreign Address, if applicable	STREET STREET, STREET STREET,						
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6 Taxpayer Identification Number (TIN) 7 Payor's Name (Last Name, First Name, Middle	Name for Ind	0 7 Tividual OR Re	0,69 egistered				
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Income Payments Subject to Expanded . Withholding Tax	ATC	1st Month Quar		2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
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Total We declare under the penalties of perjury that t	his certificate	has been ma	ade in go	od faith, verified by us,	and to the best of our	knowledge and belief	, is true and correct,
We declare under the penalties of perjury that it pursuant to the provisions of the National Internal R our information as contemplated under the "Data Pr	AVENUE CODE	许。 克克 多红 格门包包		a latinisminis isseed mi	CONTRACTOR OF THE PARTY OF THE	urther, we give our o	consent to the processi
our information as contemplated under the Date P	Wacy ALA OI						
VHIA ANDREATE			6320631			AGER/ACCTG-DI	EPT
Sign	nature over F	Innted Name	of Payor	Payor's Authorized Re Designation and TIN)	presentative/Tax Agen		
Tax Agent Accreditation No./		(into	Date of	Issue:	THE RESERVE CONTRACTOR OF THE PARTY OF THE P	Date of Expiry	
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NAME OF THE PARTY	Blute over F	(indi	cate Title.	Designation and TiN)		Date of Expiry	
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Certificate of Creditable Tax



January 2018 (ENC	S)					AA	itn	neic	at	Sou	irce)			20111 E	BIRRE	MI 11	23	07 01/18	
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2 Taxpayer Identific	ation Num	ber (TII/	ŋ		00	4		661	-	920		0	00							
3 Payee's Name (La KOLIN MAR			eme, M	iddle Na	me to	r Indiv	idual C	R Regis	tered (Vame for	Non-In	dividual)								
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weet awayant to the provisions of the	e National I	nternal R	evenue Co	de as am	ended.	and the	regulati	ions iss	uea una	er au	thonly thereof. Fi	urther	r, we giv	e our c	onsent t
e processing of our information as con	ntemplated	under the	*Data Pris	vacy Act of	2012 (	R.A. No	. 10173	) for leg	gitimate a	and la	awful purposes.			197/3	
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Attorney's Roll No. (if applicable)				(MM/DD/	YYYY)						(MMDDYYYY)		<u></u>		11
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SI# 59656

2307



January 2018 (ENCS)			at Source	<del>-</del>		2307 01/18ENCS
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2 Taxpayer Identification Number (TIN)		041 - 661	- 9201 -	000		
3 Payee's Name (Last Name, First Name,	PLANES OF MUNICIPAL STREET, ST	A PROPERTY OF THE PROPERTY OF	CONTRACTOR	SATA CONTRACTOR AND		
Kolin Marketing Inc	STORY OF STANSON WAS ARREST	and the National State of the Color State of the				
4 Registered Address						4A ZIP Code
1854 Kolin Bldg. Sta Rita., Gui	adalupe Nue	evo Makati City				
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		Part II -	Payor Information		1	
6 Taxpayer Identification Number (TIN)	(	071 - 338/	- 5571 -	000		
7 Payor's Name (Last Name, First Name,	Middle Name fo	r Individual OR Regisi	ered Name for Non-In	dividual)		1
WEALTH ENTERPRISES CORP.						
8 Registered Address			DECTO AVE DROV	247 70NF 22 TON	DO BAANII A	8A ZIP Code
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Income Payments Subject to Expanded			AMOUNT OF INC	OME PAYMENTS		Tax Withheld for the
Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
Income payments made by top withholding agents	WC158	-	-	21,817.95	21,817.95	Php 218.18
Income payments made by top withholding agents	WC158	-	-	-	-	-
Income payments made by top withholding agents	WC158	-	-	-	<u> </u>	ļ
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Total		<b> </b>			21,817.95	Php 218.18
Money Payments Subject to Withholding of Business 1 (Government & Private)	ax			1		
(Government & Private)						
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Total  We declare under the penalties of perjury that	this cartificate has	been made in good failt	verified by us, and to th	e hest of our knowledge:	and helief is true and cor	rect pursuant to the
provisions of the National Internal Revenue Code,	as amended, and	the regulations issued un	der authority thereof. Furt	her, we give our consent	to the processing of our	information as contemplated
under the *Data Privacy Act of 2012 (R.A. No. 101	(3) for legitimate		7777			
	Signature o		es Coro / 007-338-557			
		(Indicate Tit	le/Designation and TIN)		Data of Francis	
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	- Various Alliums School	Date of (MM/DD)			Date of Expiry (MM/DD/YYYY)	
9		C	ONFORME:			
		and the second s	ng Inc / 004-661-920-0			
	Signature ov		e/Payee's Authorized Re le/Designation and TIN)	presentative/Tax Agent		
Tax Agent Accreditation No./		Date of	Issue		Date of Expiry	
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Republic of the Philippines Department of Finance Bureau of Internal Revenue

SI #50063

BIR Form No. **2307** 



January 2018 (ENCS)			WW I	umora						2307 01/18ENCS
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2 Taxpayer Identification Nu			004	661	920		000			
3 Payee's Name (Last Name) KOLIN MARKETI	e, First Name, Mid NG INC.	dle Name for	Individue	al OR Registe	red Name fo	r Non-India	vidual)			4A ZIP Code
4 Registered Address  Kolin Bldg. Edsa Co	r. Magallanes	Ave. Mag	allanes	Village						AM ZIF Code
5 Foreign Address, if applica										
6 Taxpayer Identification No		ECONOMICS STATES OF	000	253	Payor Inform		0000			
7 Payor's Name (Last Name ARLO ALUMINUM	. First Name, Mid COMPANY I	dle Name for NC	Individue	il OR Registe	red Name fo	r Non-Indi	vidual)		Account to	
8 Registered Address 903 PRESTIGE TO	OWER EMERA									8A ZIP Code 1600
Income Payments Subject		Part III		of Monthly li	2nd Mont	T OF INC	Taxes Withheld OME PAYMENT 3rd Month of	5	Total	Tax Withheld for the Quarter
Income paymments made private corporations to their	by top 20,000 r local/resident	•	Q	uarter	Quar	ter	Quarter			
suppliers of service-C Income payment made by agents to their local/resident other than those covered by	top withholding supplier of goods y other rates of	WC158				Se.			13,380.45	133.8
withholding ta	X							1		
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Business Tax (Governme	ent & Private)									
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Total		-						1	*	
We declare under the per	he National Intent	al Revenue (	Code, as a	amended, and	d the regulati	ons issued	d under authority	thereof.	Further, we give ou	ief, is true and correct, r consent to the
processing of our information	as contemplated	inder the *Da	na Privac	y Act of 2012	(R.A. No. 10	7173) 10r le				
	C DARW	IN A. MEN gnature over	DIOLA Printed f	Name of Payo (Indicate Tit	le/Designatio	thorized R	tepresentative/Ta	x Agen		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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*NOTE: The BIR Data Privac	y is in the BIR we	osite (www.b	ir.gov.ph)			THE PERSON NAMED OF THE PE				AP-000003261

51# 59655

BIR Form No. **2307** 



January 2018 (ENCS)	- havea with	on "V"		-4.***	<u> </u>	2307 01/16ENCS
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		\$640.00 SECOND	Payee Information	(100 m) (100 m)	Kasalana labarah	
2 Taxpayer Identification Number (TIN)		004 - 661	- 920 -	00000		
3 Payee's Name (Last Name, First Name, M KOLIN MARKETING INC		for Individual OR Regi	stered Name for Non-	Individual)		
4 Registered Address						4A ZIP Code
1854 STA RITA ST GUADALUPE NU	JEVO MAK	ATI CITY 1212				
5 Foreign Address, if applicable						
		Part II –	Payor Information			
6 Taxpayer Identification Number (TIN)		007 - 421	- 993 -	00000		
7 Payor's Name (Last Name, First Name, M THE PICASSO RENTAL M				ndividual)		
8 Registered Address GROUND FLOOR THE PICASSO BOUTION MAKATI NCR, FOURTH DISTRICT PHIL		ED RESIDENCES 1191	L.P. LEVISTE ST. SALC	CEDO VILLAGE, BEL	-AIR 1227 CITY OF	8A ZIP Code 1 ₁ 2 ₁ 2 7
AND THE RESERVE OF THE SECOND		Details of Monthly I	ncome Payments and	Taxes Withheld	the second present	province and the second second
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	AMOUNT OF INC 2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
payments made by top 10,000 private	WC158	-	-	8,118.75	8,118.75	81.19
corporations to their local supplier						
of GOODS						
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Total  Money Payments Subject to Withholding of			•	8,118.75	8,118.75	81.19
Business Tax (Government & Private)		10.144				
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		PME 112002				
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We declare under the penalties of perjury to correct, pursuant to the provisions of the Nation the processing of our information as contempla	nal Internal R	evenue Code, as ame	nded, and the regulati	ons issued under aut	hority thereof. Further,	belief, is true and we give our consent to
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			AGER / 305-582-532-0			
Sig	nature over F	Printed Name of Payor	/Payor's Authorized R	epresentative/Tax Ag	ent	
Tax Agent Accreditation No./		Date of I	ssue		Date of Expiry	
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Tax Agent Accreditation No./		Date of I	ssue		Date of Expiry	

51 # 59658

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



Fill in all applicable spaces. Mark all appropria	te boxes with	n an "X".				
1 For the Period From 12	04	2024 (MM)	(איציציעם	To 12 3	1 2024	(MM/DD/YYYY)
		Part I –	Payee Information			
2 Taxpayer Identification Number (T/N)	1	904 - 661	- 920 -	100000		
3 Payee's Name (Last Name, First Name, I	Middle Name	e for Individual OR Re	gistered Name for No	on-Individual)		
KOLIN MARKETING, INC.						
4 Registered Address						4A ZIP Code
1854 Sta. Rita St., Guadalupe N	iuevo Mal	kati City				1212
5 Foreign Address, if applicable					200	
			****			racerous recent outcomes soon of purpose to the soon
	Г	Barrie -	Payor Information			
6 Taxpayer Identification Number (TIN)	200 X	900 - 610	100/20094 PS807956	0000	CHECK MANAGEMENT	
7 Payor's Name (Last Name, First Name, N		for Individual OR Reg	gistered Name for No.	n-Individual)		
HI - GRADE FEEDS CORPOR  8: Registered Address	KATION					
180 Reparo Road Baesa, Caloo	oon City					8A ZIP Code
180 Repaid Road Baesa, Calou	STATISTICS CONTRACTOR	-Details of Monthly i	ncome Poliments at	-d Tayes Withheld		1401
Income Payments Subject to Expanded	1		AMOUNT OF INC	COME PAYMENTS		Tax Withheld for the
Withholding Tax	ATC	1st Month of the Quarter	25c Month of the Quarter	3rd Month of the Quarter	Total	Quarter
Payment made by top 20,000 private	WC158	ACCUPANT AND AND ADDRESS OF THE PARTY OF THE		5.032.25.374	32,305.45	323.05
corp. to their local / resident						
suppliers of goods						
	<u> </u>	<del> </del>	-			-
	<del></del>	<del></del>	i			11 1000
		<del></del>		ļ		1
	<b>}</b>	<del> </del>		-		
		<del>                                     </del>	į.			<del> </del>
Total		<del>                                     </del>			32,305.45	323.05
Money Payments Subject to Withholding of Business Tax (Government & Private)		1		10 P. F. S. S. S. S.		
or business tax toxicomenica itemst	<u> </u>	i				
12						
		1				
						V 1 =3 8
						*
				ļ <b>-</b>		
				+		
	·			<del>                                     </del>	, in the second	
Total				†		
We declare under the penalties of perjury	hat this certi	ificate has been inade	in good faith, verified	by us, and to the best	of our knowledge an	L d belief, is true and
correst, pursuant to the provisions of the Nation the processing of our information as contempla	nal Internal R	Revenue Code, as am	ended, and the regulat	tions issued under auth (3) for legitimate and law	ority thereof. Furthe	r, we give our consent to
	ALTERNATION OF THE PARTY OF THE	+				
A:	ndrew M	. Cardino Ad	nın Manager / '	TIN 242-344-479	9	
		Printed Name of Payo	/Fayor's Authorized R	Representative/Tax Age		
Tax Agent Accreditation No./		Undicate 1794	e/Designation and TIN ssue	The second secon	Pate of Expiry	<del>'                                    </del>
Attorney's Roll No. (if applicable)	ide industrial est is the h	(MM/DD/	COLUMN TARREST AND ASSESSED THE STREET, AND ASSESSED OF PERSONS	Property (2014)	AM/DD/YYYY)	
Attorney's Roll No. (if applicable)		(MM/DD/	10204030303034	Property (2014)	\$1000000000000000000000000000000000000	

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Republic of the Philippines Department of Finance Bureau of Internal Revenue

SI # 5888

BIR Form No.
2307

January 2018 (ENCS)

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

For the Period

2 Taxpayer Identification Number (TIN)

From

0 1

12

## Certificate of Creditable Tax Withheld at Source

(MM/DD/YYYY)

5713

Part I - Payee Information

8195

То

0 0 0

12 31



20241

(MM/DD/YYYY)

3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)							
KOLIN MARKETING, INC.							
Registered Address							
1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY 1212							
5 Foreign Address, if applicable							
					e l'agreement à l'agreement de		
		1868	Payor Information				
6 Taxpayer Identification Number (TIN)		03 - 120	- 687 -	0,0,0			
7 Payor's Name (Last Name, First Name, Mil		Individual OR Registe	ered Name for Non-Inc	aividuai)		,	
PAN DE MANILA FOOD C	CO INC.			Onesch Teach Teach	Market Mark	8A ZIP Code	
8 Registered Address	ZON CITY						
4 GRANADA ST. VALENCIA, QUE		Dotails of Montaly I	ncome Payments and	Taxes Withheld			
Income Payments Subject to Expanded	100	and Aparthetical	AMOUNT OF INC	OME PAYMENTS		Tax Withheld for the	
Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter	
		Quarto	555				
ncome payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC158			9,773.44	9,773.44	97.73	
					9,773.44	97.73	
Total  Money Payments Subject to Withholding of		•			5,775.44		
Business Tax (Government & Private)		A STATE OF S					
		1					
	ļ		8				
						1	
Total							
We declare under the penalties of perjury	that this certifi	icate has been made i	n good faith, verified b	y us, and to the best o	f our knowledge and b	elief, is true and correct,	
pursuant to the provisions of the National Inter processing of our infarmation as contemplated	nal Revenue ( under the *Da	Lode, as amended, ar ata Privacy Act of 201	2 (R.A. No. 10173) for	legitimate and lawful p	ourposes.		
30111							
ARMAIN F. LOBARBIO	)	242-899-2			ED REPRESE	NTATIVE	
	Signature over	Printed Name of Payo	or/Payor's Authorized F	Representative/Tax Ag	ent		
Tax Agent Accreditation No./		(Indicate Tit	le/Designation and TII Issue		Date of Expiry		
Attorney's Roll No. (if applicable)		(MM/DD			(MM/DD/YYYY)		
		C	ONFORME:				

# 59663

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



Fill in all applicable spaces. Mark all appropriate	Fill in all applicable spaces. Mark all appropriate boxes with an "X".						
1 For the Period From 10	01 2	024 A (N	IM/DD/YYYY)		To 12 3	1 2024	(MM/DD/YYYY)
10	04 1 2		t I – Payee Inform	ation	16 16	1 12021	
2 Taxpayer Identification Number (TIN)	Ī	0041 -	661 - 920		000 1 1	]	
3 Payee's Name (Last Name, First Name, Mid	Idle Name					J	
KOLIN MARKETING INC.	and the same of th			20,000 818 0000			
4 Registered Address							4A ZIP Code
1854 Sta Rita St Guadalupe N	uevo Ma	akati City					
5 Foreign Address, if applicable							
		Par	(I)=Payor Inform	ation			
6 Taxpayer Identification Number (T/N)		1004 -	511, - 069	),  -	0000		
7 Payor's Name (Last Name, First Name, Mid	dle Name f	or Individual OR	The second secon	-	CONTRACTOR OF THE PARTY OF THE		
S AND H ELECTRICAL COM	ISTRUC	CTION COR	P				
8 Registered Address							8A ZIP Code
115 D Tuazon Lourdes Sta Me	COLUMN TO THE PARTY OF THE PART		AND PROPERTY AND PROPERTY AND PERSONS ASSESSED.				1,114
	Part III -	Details of Mont			d Taxes Withheld OME PAYMENTS		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of		STATE OF THE PARTY OF THE	3rd Month of the	Total	Tax Withheld for the Quarter
Income payments made by top withholding	WC158	Quarter	Quarte	er	Quarter 20,514.38	20,514.38	205.14
agents to their local/resident supplier of goods	110100				20,014.00	20,314.30	200.14
					<del>                                     </del>		
Total			-	-	20,514.38	20,514.38	205.14
Money Payments Subject to Withholding of Business Tax (Government & Private)					(		
			and the same of th				
Total				SV-0-101-MI			
We declare under the penalties of perjury th							
correct, pursuant to the provisions of the Nationa the processing of our information as contemplate							r, we give our consent to
		SAMUEL	. TAN/President/1	03-769-	218		
		2					
Signa	iture over F				Representative/Tax Aç	gent	
Tax Agent Accreditation No./		NEW TOTAL STREET, SERVICE STREET, STRE	Title/Designation e of Issue	and TIN		Date of Expiry	<del> </del>
Attorney's Roll No. (if applicable)		C9393000000	(IDD/YYYY)	L	#152090360	(MINIODYYYY)	
			CONFORME		_		
		and not	de s loure	1.	19/2025		
Siona	ture over P	rinted Name of F	avee/Payee's Auth	orized	Representative/Tax A	gent	
		(Indicate	Title/Designation	NOT SELECTION TO A SELECTION OF	n ·		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)			e of Issue	1	27 27 20 20	Date of Expiry (MM/DD/YYYY)	
NOTE: The BIR Data Privacy is in the BIR webs	site (www.b	Control of the Contro			VASIAN		CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR



Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. 2307 January 2018 (ENCS)



Fill in all applicable spaces. Mark all appropria	ate boxes with	an "X"				E.W.O.M.E.E.JO.V
1 For the Period From 1 10	0 1 2	I VIZ IT	D/YYYY) Payee Information	Td 1 2 3 i	2 0 12 14	MM/DD/YYYY)
2 Taxpayer Identification Number (TIN)	T ₀	004 - 661	- 9120/-	0.0.0		
3 Payee's Name (Last Name, First Name, A				0 0 0		Market State Committee Com
KOLIN MARKETING, INC.						
4 Registered Address						4A ZIP Code
1854 STA RITA ST., GUADALI	UPE NUEV	O, MAKATI CITY	<i>t</i> .			1,212
5 Foreign Address, if applicable					The second secon	
			Payor Information			
6 Taxpayer Identification Number (TIN)		05 - 903	- 689 -	0,00		
7 Payor's Name (Last Name, First Name, M CDC MANUFACTURING		r Individual OR Regist	ered Name for Non-Inc	dividual)		90 - W
8 Registered Address						8A ZIP Code
#8 UNIVERSITY AVENUE						1,475
Income Payments Subject to Expanded	Part III -	Details of Monthly I	acome Payments and AMOUNT OF INC	Taxes Withheld		
Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
Income payment made by top withholding						
agents to their local/resident supplier of						
goods other than those covered by other						
ates of withholding tax.						
SI#58747 DR#53259 AP2411101/CV241229650	WC 158	110 / 100 8	149,243.04		149,243.04	1,492.44
AF2411101/CV241229050						
						•
						71.0
otal			149,243.04	- 1	149,243.04	1,492.44
Money Payments Subject to Withholding of Business Tax (Government & Private)						
			/			
Total			/	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
We declare under the penalties of perjury to ursuant to the provisions of the National Internal	al Revenue C	ode, as amended, and	the regulations issued	d under authority therec	of Further we give a	allef, is true and correct, ur consent to the
rocessing of our information as contemplated	under the 'Da	ta Privacy Act of 2012	(R.A. No. 10173) for le	egitimate and lawful pur	poses.	
		GIE	NDA DASCO			
C)	matura avas E	ACCOUNTING SUPE	ERVISOR / 251-182-42	25-000		A Suite August Commence
Grand Company of the state of t	mature over r		Payor's Authorized Re Designation and TIN)	presentative/Tax Agent		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of is (MM/DD/Y		Service of the servic	te of Expiry	
		THE PERSON NAMED IN COLUMN 2 I	NFORME:	,		
Sia	nature over Pr	rinted Name of Paves/	Payer's Authorized De	presentative/Tax Agen		3/49/40/2010 14/49 17 ₄ 10/4
Tax Agent Accreditation No./		(Indicate Title)	Designation and TIN)			
Attorney's Roll No. (if applicable)		Date of 1s			te of Expiry  WDD/YYYY)	

Republic of the Philippines Department of Finance Bureau of Internal Revenue

SI # 59694

BIR Form No. 2307

## Certificate of Creditable Tax Withheld at Source

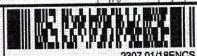


January 2018 (ENCS)  Fill in all applicable spaces. Mark all appropria	te boxes with	an "X"	d di Codioc			2307 01/18ENCS
1 For the Period From 12		(MM/E	DD/YYYY)	То 12 3	1 2 0 2 4	(MM/DD/YYYY)
2 Taxpayer Identification Number (TIN)		0 ₁ 09 - 57 ₁ 3	Payee Information	0.00		
3 Payee's Name (Last Name, First Name, M				0   0 0		
KOLIN MARKETING, INC. 4 Registered Address						G exercises
1854 STA. RITA ST. GUADALU	PE NUEVO	O MAKATI CITY	1212			4A ZIP Code
5 Foreign Address, if applicable	a.					
		Partil	- Payor Information			
6 Taxpayer Identification Number (TIN)		907 - 811	- 693 -	0 0 0 1 1		
7 Payor's Name (Last Name, First Name, M	liddle Name fo			dividual)		Control Description
MEGA GOLDTOWN PAN  8 Registered Address	, INC.					9A ZID Code
RETAIL NO 5 G/F ROCKWELL B	USINESS CI	ENTER TOWER 3	MERALCO AVE., U	GONG PASIG CITY	1	1,6 Q 4 I
Jacobs Daymante Cibin day Towardad	Part I	II - Details of Monthly	Income Payments and	Taxes Withheld OME PAYMENTS		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
ncome payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC150			40.000		
1	WC158			19,546.88	19,546.88	195.47
ų						
47 62						100
Total				19,546.88	19,546.88	195.47
Money Payments Subject to Withholding of Business Tax (Government & Private)						
36 85						
11						1
						1
<del></del>						.,
otal					G	
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, ursuant 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 rocessing of our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.						
ARMAIN F. LOBARBIO 242-899-246-000 AUTHORIZED REPRESENTATIVE  Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent						
Tax Agent Accreditation No./	gnature over F	(Indicate Title	/Designation and TIN)			**************************************
Attorney's Roll No. (if applicable)		Date of I	V3-4-90-QCXC10-02-5		ate of Expiry //M/DD/YYYY)	

CONFORME:

50821 50821 19100 12/18/2

BIR Form No. **2307** 



January 2018 (ENCS)						2507 01716ENOS
Fill in all applicable spaces. Mark all appropriate				- 1,		(MM/DD/YYYY)
1 For the Period From 1 0	0 1 2		D/YYYY)	To 1,2 3	1 2 0 2 4	(MANUCO) ( T T T T)
			Payee Information			
2 Taxpayer Identification Number (TIN)	** * * * * ***			0101011		
3 Payee's Name (Last Name, First Name, M KOLIN MARKETING, INC.	iddle Name fo	or Individual OR Reg	stered Name for Non-In	ndividual)		
4 Registered Address						4A ZIP Code
1854 Sta. Rita St., Guadalupe Nuev	o Makati C	ity, Philippines 12	12			
5 Foreign Address, if applicable						
		Part II –	Payor Information			
6 Taxpayer Identification Number (TIN)	0.			0,0,0,,,		
7 Payor's Name (Last Name, First Name, Mi	IT II DESCRIPTION DESCRIPTION	the same that the same to the same to the same to	The second of the second second second			
CHINA BANK SAVINGS, INC.						
8 Registered Address						8A ZIP Code
CBS BUILDING, 314 SEN GIL PUY	AT AVENU	IE, MAKATI CITY				1,2,0,0
	Part III -	Details of Monthly	ncome Payments and	Taxes Withheld		
Income Payments Subject to Expanded	ATC	1st Month of the	AMOUNT OF INCO	3rd Month of the	Total	Tax Withheld for the Quarter
Withholding Tax	1.1.	Quarter	Quarter	Quarter		
SUPPLIER OF GOODS	WC158			16,642.86	16,642.86	166.4
						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	2.149					
		4				
Total						166.4
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Dusiness Tax (Government & Friedle)						
	1					
Total						
We declare under the penalties of perjury	nal Internal R	evenue Code, as an	ended, and the regulati	ons issued under au	inority thereof. Furthe	nd belief, is true and r, we give our consent t
the processing of our information as contemple	ated under the	Data Privacy Act o	1 2012 (R.A. No. 10173)	) tor legitimate and la	iwiui purposes.	Treffik († 1865 refereise – 11. s Treffik († 1866 refereise
MARCO E. DE	18 14		970 774 000	DIEBLIBE	EMENT HEAD	
MARCO E. DEV	MESA		-872-774-000 r/Payor's Authorized Re			
	nature Over F	(Indicate Tit	e/Designation and TIN)			***************************************
Tax Agent Accreditation No./ \( \) Attorney's Roll No. (if applicable)		Date of (MM/DD			Date of Expiry (MM/DD/YYYY)	
Attorney's Roll No. (If applicable)			ONFORME:			