

SI #58681

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCs

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

1	For the Period	From	1,0	01	2,0	2	4	(MM/DD/YYYY)	To	1,0	31	2,0	2	4	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN)	004	-	661	-	920	-	00	00	00
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3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING, INC.

4 Registered Address

4A ZIP Code

1854 KOLIN BLDG. STA. RITA ST., GUADALUPE NUEVO, MAKATI CITY

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)	001	-	336	-	967	-	00	00	0
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7. Pavor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

C. RAMIREZ & CO., INC.

8 Registered Address

8A ZIP Code

483 DEL MONTE AVENUE, MANRESA, QUEZON CITY

1 1 1 5

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income Payment made by top withholding agents to their local/resident suppliers of goods other than those covered by other rates of withholding tax	WC158	64,560.89			64,560.89	645.61
Total					64,560.89	645.61
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.

RHONA D. CASTRO / 202-220-080-000

Signature over Printed Name of Payer/Payer's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)Date of Expiry
(MM/DD/YYYY)

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)Date of Expiry
(MM/DD/YYYY)

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



BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

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

1	For the Period	From	10	01	20	24	(MM/DD/YYYY)	To	12	31	20	24	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN)	0	0	4	-	6	6	1	-	9	2	0	-	0	0	0	0	0
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3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING, INC.

4 Registered Address

KOLIN BLDG., EDSA COR MAGALLANES AVE., MAGALLANES VILLAGE 1232 MAKATI CITY

4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)	1	0	0	-	9	9	5	-	3	1	8	-	0	0	0
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7. Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

INDOFINE INTERNATIONAL

8 Registered Address

128 LOPEZ RIZAL ST., BRGY. HIGHWAY HILLS, MANDALUYONG CITY

8A ZIP Code

1550

Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payments made by the top 10,000 private corporation	WC 158	58,221.70			58,221.70	582.22
	WC 160	535.71			535.71	10.71
Total						592.93
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.

JENNIFER W. BORROMEO TIN. 200-615-753
FINANCE MANAGER

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFIDENTIAL

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

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

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

January 2018 (ENCS)

4126

Date of Expiry



SI 58697

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable

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

1 For the Period

From

10

01

2024

(MM/DD/YYYY)

To

10

31

2024

(MM/DD/YYYY)

Part I - Payee Information

2 Taxpayer Identification Number (TIN)

004

661

920

0000

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

KOLIN MARKETING INC

4 Registered Address

1854 STA.RITA ST., GUADALUPE NUEVO MAKATI CITY PHILIPPINES

4A Zip Code

1212

5 Foreign Address, if

Part II - Payor Information

6 Taxpayer Identification Number (TIN)

203

355

069

0000

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

YUMEX PHILIPPINES CORPORATION

8 Registered Address

FCIE LANGKAAAN DASMARINAS CITY CAVITE

8A Zip Code

4126

Part III - Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax - Corporate	WC168	113,775.09	0.00	0.00	113,775.09	1,137.75
Total					113,775.09	1,137.75
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of our information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MS. LEONORA P. SANGALANG/ADMIN DIVISION MANAGER/TIN#157-473-974-000

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

CONFORME:

KOLIN MARKETING INC

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

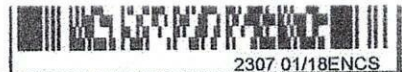
Date of Expiry

[illegible]

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

Date of Expiry
(MM/DD/YYYY)

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



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

1	For the Period	From	10	01	20	24	(MM/DD/YYYY)	To	12	31	20	24	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN)	004	-	661	-	920	-	000
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SI # 58721

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

KOLIN MARKETING INC

4	Registered Address	1854 STA RITA ST GUADALUPE NUEVO MAKATI CITY	4A ZIP Code	
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4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor information

6 Taxpayer Identification Number (TIN)	000	-	390	-	460	-	000
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7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

MOLAVE TRADING INC

8	Registered Address	8A ZIP Code
	891 EDSA DILIMAN QUEZON CITY	1103

8A ZIP Code

1103

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Goods	WC158	17,154.46			17,154.46	171.54
Total		17,154.46	-	-	17,154.46	171.54
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.

JOAN T. GONZALES

ACCOUNTING ASSISTANT

727-592-880

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

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

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

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



2307 01/18ENCs

(MM/DD/YYYY)

8A ZIP Code

Date of Expiry
(MM/DD/YYYY)

For BIR Use Only BCS/ Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

SI 58598

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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

1 For the Period From **10 01 2024** (MM/DD/YYYY) To **10 31 2024** (MM/DD/YYYY)

Part I - Payee Information

2 Taxpayer Identification Number (TIN)

009 - 573 - 895 - 000

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

KOLIN MARKETING, INC.

4 Registered Address

1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY 1212

4A ZIP Code

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN)

203 - 120 - 687 - 010

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

PAN DE MANILA FOOD CO INC.

8 Registered Address

4 GRANADA ST. VALENCIA, QUEZON CITY

8A ZIP Code

Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC158	19,546.88			19,546.88	195.47
Total		19,546.88			19,546.88	195.47
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

ARMAN F. LOBARBIO

242-899-246-000

AUTHORIZED REPRESENTATIVE

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. / Attorney's Roll No. (if applicable) **[Blank]** Date of Issue (MM/DD/YYYY) **[Blank]** Date of Expiry (MM/DD/YYYY) **[Blank]**

CONFORME:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

180053 10/19/21

For BIR Use Only BCS/
Item:

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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

1 For the Period

From

1	0	0	1	2	0	2	4
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(MM/DD/YYYY)

To

1	2	3	1	2	0	2	4
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(MM/DD/YYYY)

Part I – Payee Information

2 Taxpayer Identification Number (TIN)

$$0 \quad 0 \quad 4 \quad - \quad 6 \quad 6 \quad 1 \quad - \quad 9 \quad 2 \quad 0 \quad - \quad 0 \quad 0 \quad 0$$

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

KOLIN MARKETING, INC.

4A ZIP Code

4 Registered Address

1854 Sta. Rita St., Guadalupe Nuevo Makati City, Philippines 1212

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)

$$0 \ 0 \ 0 \quad - \quad 5 \ 0 \ 4 \quad - \quad 5 \ 3 \ 2 \quad - \quad 0 \ 0 \ 0 \quad | \quad | \quad |$$

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

CHINA BANK SAVINGS, INC.

8A ZIP Code

8 Registered Address

CBS BUILDING, 314 SEN GIL PUYAT AVENUE, MAKATI CITY

1,2,0,0

Part III – Details of Monthly Income Payments and Taxes Withheld

[illegible]

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.

MARCO E. DE MESA

245-872-774-000

DISBURSEMENT HEAD

Signature over Printed Name of Payer/Payer's Authorized Representative/Tax Agent

Name of Payor/Payor's Authorized Representative
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

2307 01/18ENC5

(MM/DD/YYYY)

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



BIR Form No. 2307 January 2018 (ENCR)	Certificate of Creditable Tax Withheld at Source	2307-01/18 ENCR-3				
Fill in all applicable spaces. Mark all appropriate boxes with an "X".						
For the Period	From 11 01 2024 (MM/DD/YYYY)	To 11 30 2024 (MM/DD/YYYY)				
Part I - Payee Information						
Taxpayer Identification Number (TIN)	004 - 661 - 920 - 000					
Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) XOLIN MARKETING INC.						
Registered Address	1854 STA. RITA ST. GUADALUPE NUEVO, MAKATI CITY					
Origin Address, if applicable						
Part II - Payer Information						
Taxpayer Identification Number (TIN)	237 - 862 - 538 - 000					
Payer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) PERFECT STAR PC SHOPPE-FRANCHISEE (CCT GROUP OF COMPANIES TRADING CORP.)						
Registered Address	#26 P. DEL ROSARIO STREET KAMAGAYAN, CEBU CITY					
Part III - Details of Monthly Income Payments and Taxes Withheld						
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
Payment made by top withholding agent to their local resident supplier	WC158		42,869.82		42,869.82	423.70
Payments other than those covered by expanded rates of withholding tax						
			42,869.82		42,869.82	428.70
Other Payments Subject to Withholding Business Tax (Government & Private)						
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 accurate 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.						
ROSITA BELTRAN - ASSISTANT GEN. MANAGER / TIN: 158-369-841-000 Signature over Printed Name of Payer/Payer's Authorized Representative/Tax Agent <i>(Indicate Title/Designation and TIN)</i>						
Agent Accreditation No. / Payer's Ref. No. (if applicable)	Date of Issue (MM/DD/YYYY)	Date of Expiry (MM/DD/YYYY)				
CONFORME:						
Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent <i>(Indicate Title/Designation and TIN)</i>						
Agent Accreditation No. / Payee's Ref. No. (if applicable)	Date of Issue (MM/DD/YYYY)	Date of Expiry (MM/DD/YYYY)				



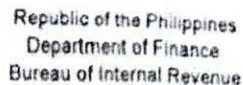
*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

2307 01/18ENCS

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

[illegible]

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



BIR Form No.

Certificate of Creditable Tax Withheld At Source



2307 01/18ENCs

January 2018 (ENCS)

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

1 For the Period From

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

1	2	3	1	2	0	2	4
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 (MM/DD/YYYY)

Part I - Payee Information

2 Taxpayer Identification Number (TIN)

0,0,4	6,6,1	9,2,0	0,0,0
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3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

Kolin Marketing, Inc.

4 Registered Address

4A ZIP Code

1854 Kolin bldg., Sta. Rita St. Gaudalupe Nuevo, Makati City

5 Foreign Address, if applicable

Part II – Payer Information

6 Taxpayer Identification Number (TIN)

0,0,1	-	2,9,1	-	7,1,4	-	0,0,1
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7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

Seatrade Canning Corporation

Registered Address

8A ZIP Code

Bo. Cabu, Tambler GENERAL SANTOS CITY

9.50.0

Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expended Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
1% Inc payments by Top 20000 Corp.	WC158	0.00	0.00	32,305.45	32,305.45	323.05
- goods						
Total						323.05
Money Payments Subject to Withholding of Business Tax						
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.

Rosalie V. Bucol / Accounting Manager / 919-034-455

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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

1	For the Period	From	1	1	0	1	2	0	2	4	(MM/DD/YYYY)	To	1	1	3	0	2	0	2	4	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN)	004	-	661	-	920	-	00000
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3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING INC.

4	Registered Address	1854 STA RITA ST GUADALUPE NUEVO MAKATI CITY 1212	4A	ZIP Code	1212
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5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)	007	-	421	-	993	-	00000
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7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

THE PICASSO RENTAL MANAGEMENT CORPORATION

8 Registered Address	8A ZIP Code
GROUND FLOOR THE PICASSO BOUTIQUE SERVICED RESIDENCES 119 L.P. LEVISTE ST. SALCEDO VILLAGE, BEL-AIR 1227 CITY OF MAKATI NCR. FOURTH DISTRICT PHILIPPINES	1227

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
payments made by top 10,000 private corporations to their local supplier of GOODS	WC158	-	8,118.75	-	8,118.75	81.19
Total		-	8,118.75	-	8,118.75	81.19
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.

FINANCE MANAGER / 305-582-532-000

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

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

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of Issue (MM/DD/YYYY)					Date of Expiry (MM/DD/YYYY)				
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

2307 01/18ENCS

BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



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

1	For the Period	From	11	01	2024	(MM/DD/YYYY)	To	11	30	2024	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN)	004	-	661	-	920	-	000
--	-----	---	-----	---	-----	---	-----

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

KOLIN MARKETING INC.

4 Registered Address

4A ZIP Code

Kolin Bldg. Edsa Cor. Magallanes Ave. Magallanes Village

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)	000	-	253	-	656	-	0000
--	-----	---	-----	---	-----	---	------

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

ARLO ALUMINUM COMPANY INC

8 Registered Address

8A ZIP Code

903 PRESTIGE TOWER EMERALD AVE ORTIGAS CENTER SAN ANTONIO PASIG CITY

1600

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payments made by top 20,000 private corporations to their local/resident suppliers of service-Corporate						
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC158				204,073.57	2,040.74
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.

DARWIN A. MENDIOLA

Accounting Manager

TIN#101-898-412

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./

Date of Issue

Date of Expiry

Attorney's Roll No. (if applicable)

(MM/DD/YYYY)

(MM/DD/YYYY)

CONFORME:

KOLIN MARKETING INC.

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /

Date of Issue

Date of Expiry

Attorney's Roll No. (if applicable)

DATE OF ISSUE
(MM/DD/YYYY)

(MM/DD/YYYY)

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

AP-000002927



BIR Form No.
2307
January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Il applicable spaces. Mark all appropriate boxes with "X".

The Period	From	11/08/2024	(MM/DD/YYYY)	To	11/08/2024	(MM/DD/YYYY)
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Part I - Payee Information

Employer Identification Number (EIN)	004	-	661	-	920	-	0000
--------------------------------------	-----	---	-----	---	-----	---	------

Applicant's Name (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individuals)

KOLIN MARKETING INC

Registered Address	1854 STA. RITA ST., GUADALUPE NUEVO MAKATI CITY, PHILIPPINES	4A Zip Code	1212
--------------------	--	-------------	------

Sign Address

Part II - Payor Information

Contributor Identification Number (TIN)	000	-	444	-	210	-	0000
---	-----	---	-----	---	-----	---	------

or's Name (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individuals)

CHINA BANKING CORPORATION

Registered Address	8745 PASEO DE ROXAS MAKATI CITY	8A Zip Code
--------------------	---------------------------------	-------------

Part III - Details of Monthly Income Payments and Taxes Withheld

[illegible]

/e 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, and that we are not aware of any facts or circumstances which might render the foregoing statements misleading. 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.

MA. LOURDES L. DELA VEGA

SENIOR ASSISTANT VICE PRESIDENT (TIN 117-486-668)

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
torney's Roll No. (If applicable)

Date of Issue
(MM/MM/YYYY)

Date of Expiry
(MM/MM/YYYY)

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (If applicable)

Date of Issue
(MM/MM/YYYY)

Date of Expiry
(MM/MM/YYYY)

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



BIR Form No. 2307 January 2018 (ENCS)	Certificate of Creditable Tax Withheld at Source	 2307 01/18ENCS
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Mark all applicable spaces. Mark all appropriate boxes with "X".

For the Period	From 11/18/2024 (MM/DD/YYYY)	To 11/18/2024 (MM/DD/YYYY)
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Part I - Payee Information

Employer Identification Number (TIN)	004	-	661	-	920	-	0000
Payee's Name (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individuals)	KOLIN MARKETING INC						
Registered Address	1854 STA. RITA ST., GUADALUPE NUEVO MAKATI CITY, PHILIPPINES						4A Zip Code 1212
Foreign Address							

Part II - Payor Information

Employer Identification Number (TIN)	000	-	444	-	210	-	0000
Payor's Name (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individuals)	CHINA BANKING CORPORATION						
Registered Address	8745 PASEO DE ROXAS MAKATI CITY						8A Zip Code

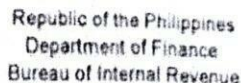
Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payments made by top withholding agent	WC158				21,843.75	218.44
					21,843.75	218.44
Income Payments Subject to Withholding Business Tax (Government & Private)						

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.

 MA. LOURDES L. DELA VEGA SENIOR ASSISTANT VICE PRESIDENT (TIN 117-486-668)		
Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)		
Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)	Date of Issue (MM/MM/YYYY)	Date of Expiry (MM/MM/YYYY)
CONFORME:		

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)		
Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)	Date of Issue (MM/MM/YYYY)	Date of Expiry (MM/MM/YYYY)



#58850

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld At Source



2307 0V18ENC5

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

1 For the Period	From	1, 0, 0, 1	2, 0, 2, 4	(MM/DD/YYYY)	To	1, 2, 3, 1	2, 0, 2, 4	(MM/DD/YYYY)
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Part I - Payee Information

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

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

Kolin Marketing, Inc.

A Registered Address

4A ZIP Code

1854 Kolin bldg. Sta. Rita St. Gaudalupe Nuevo, Makati City

6. Foreign Address, if applicable

Part II – Payor Information

6. Taxpayer Identification Number (TIN) 0 0 1 - 2 9 1 - 7 1 4 - 0 0 1

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

Seatrade Canning Corporation

Registered Address

2A ZIP Code

Bo. Cabu Tambler GENERAL SANTOS CITY

950.0

Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Total	Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter		
1% Inc payments by Top 20000 Corp.	WC158	0.00	0.00	32,305.45	32,305.45	323.05
- goods						
Total						323.05
Money Payments Subject to Withholding of Business Tax						
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.

Rosalie V. Bucol / Accounting Manager / 919-034-455

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)



BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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

1 For the Period

From

1.0	0.1	2.0	2.4
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(MM/DD/YYYY)

To

1	2	3	1	2	0	2	4
---	---	---	---	---	---	---	---

(MM/DD/YYYY)

Part I – Payee Information

2 Taxpayer Identification Number (TIN)

0,0,4	-	6,6,1	-	9,2,0	-	0,0,0	
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3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING, INC.

4 Registered Address

1854 Sta. Rita St., Guadalupe Nuevo Makati City, Philippines 1212

4A ZIP Code

5 Foreign Address, if applicable

Part II – Payer Information

6 Taxpayer Identification Number (TIN)

0	0	0	-	5	0	4	-	5	3	2	-	0	0	0		
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7. Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

CHINA BANK SAVINGS, INC.

8 Registered Address

CBS BUILDING, 314 SEN GIL PUYAT AVENUE, MAKATI CITY

8A ZIP Code

1.2.0.0

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
SUPPLIER OF GOODS	WC158		16,642.86		16,642.86	166.43
Total						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.

MARCO E. DE MESA

245-872-774-000

DISBURSEMENT HEAD

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)Date of Expiry
(MM/DD/YYYY)

CONFORME:

For BIR Use Only BCS/
Item:

SI # 58789

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCs

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

1	For the Period	From	1/1	2/1	2/0	2/4	(MM/DD/YYYY)	To	1/1	2/1	2/0	2/4	(MM/DD/YYYY)
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Part I – Payee Information

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

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

KOLIN MARKETING, INC

4	Registered Address	4A	ZIP Code
	1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY, PHILIPPINES		1 2 1 2

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN) 000 - 286 - 051 - 0100

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

PIONEER FLOAT GLASS MANUFACTURING INC.

8	Registered Address	ASEZ 730 MH Del Pilar St., Pinagbuhatan, Pasig City	8A	ZIP Code	1602
---	--------------------	---	----	----------	------

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
LOCAL SUPPLIER GOODS	WC158		53,559.02		53,559.02	535.59
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)		-	53,559.02	-	53,559.02	535.59
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 M. CARBONEL~~

Manager Finance & Accounting / 194-769-774


Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

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

For BIR Use Only BCS/Item:

SI # 58790

BIR Form No. <div style="font-size: 2em; font-weight: bold;">2307</div> January 2018 (ENCS)	<div style="font-size: 1.5em; font-weight: bold;">Certificate of Creditable Tax Withheld at Source</div>	 2307 01/18ENCS
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2307 01/18ENCs

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

1	For the Period	From	11	21	21024	(MM/DD/YYYY)	To	11	21	21024	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN) 004 661 - 920 - 00000000

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

KOLIN MARKETING, INC		14. ZIP Code
----------------------	--	--------------

4 Registered Address	4A Zip Code
1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY, PHILIPPINES	112 112

Part II – Payer Information

6 Taxpayer Identification Number (TIN)	000	-	286	-	051	-	0000	11
--	-----	---	-----	---	-----	---	------	----

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

PIONEER FLOAT GLASS MANUFACTURING INC.	
2. Principal Address	2A. ZIP Code

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
LOCAL SUPPLIER GOODS	WC158		53,559.02		53,559.02	535.59
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)		-	53,559.02	-	53,559.02	535.59
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.

~~MARIGÉ~~ M. CARBONEL

Manager/Finance & Accounting / 194-769-774

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

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

51 # 50328
10532 11/11/24

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

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

1 For the Period

From

1.0	0.1	2.0	2.4
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(MM/DD/YYYY)

To

1	2	3	1	2	0	2	4
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(MM/DD/YYYY)

Part I – Payee Information

2 Taxpayer Identification Number (TIN)

0	0	4	-	6	6	1	-	9	2	0	-	0	0	0
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3. Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING, INC.

4 Registered Address

1854 Sta. Rita St., Guadalupe Nuevo Makati City, Philippines 1212

4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN)

$$0, 0, 0 \quad - \quad 5, 0, 4 \quad - \quad 5, 3, 2 \quad - \quad 0, 0, 0$$

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

CHINA BANK SAVINGS, INC.

8 Registered Address

CBS BUILDING, 314 SEN GIL PUYAT AVENUE, MAKATI CITY

8A ZIP Code

1, 2, 0, 0

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
SUPPLIER OF GOODS	WC158		8,321.43		8,321.43	83.21
Total						83.21
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.

MARCO E. DE MESA

245-872-774-000

DISBURSEMENT HEAD

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)Date of Expiry
(MM/DD/YYYY)

CONFORME:

For BIR Use Only BCS/Item:


58735

BIR Form No.

2307

January 2018 (ENCS)

**Certificate of Creditable Tax
Withheld at Source**



2307 01/18ENCS

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

1	For the Period	From	11	07	21	01	21	4	(MM/DD/YYYY)	To	11	07	21	01	21	4	(MM/DD/YYYY)
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Part I – Payee Information

2	Taxpayer Identification Number (TIN)		0 0 4	6 6 1	-	9 2 0	-	0 0 0	0 0 0
3	Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)								
	KOLIN MARKETING, INC								
4	Registered Address								4A ZIP Code
	1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY, PHILIPPINES								1 2 1 2
5	Foreign Address, if applicable								

Part II – Payer Information

6	Taxpayer Identification Number (TIN)	000	-	286	-	051	-	0100	1	1	
7	Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)										
	PIONEER FLOAT GLASS MANUFACTURING INC.										
8	Registered Address									8A	ZIP Code
	ASEZ 730 MH Del Pilar St., Pinagbuhatan, Pasig City									1602	

Part III – Details of Monthly Income Payments and Taxes Withheld

[illegible]

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 M. CARBONEL

Manager-Finance & Accounting / 194-769-774

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

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

2307

**Certificate of Creditable Tax
Withheld at Source**



2008年12月15日

2007年12月27日

100-443887-100

Page	12	17	20	24	(MMDDYYYY)	To	12	11	20	11	(MMDDYYYY)
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Figure 1. Schematic diagram of the experimental setup.

12-15

00000000

100

1991

Part - Case Information

19. *Trigonostema vittatum* (Forsk.) Steadman, 1990

姓名	性别	年龄	职业
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10-10-1964

表 2-2 地、地壳与地核分、下地核、下地核

IN CONTEMPORARY SOCIETY

8.6.5 THE EFFECTS OF ADOPTING AN INFLATION TARGET

4A ZIP Code

2. *Thompson, Andrew, 2 August 1966*

Part II - Payer Information

g. Taxpayer Identification Number (TIN)

00.4	-	6.40	-	8.97	-	0.00
------	---	------	---	------	---	------

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

STONEWORKS SPECIALIST INT'L. CORP.

Registered Address

NEW CAVITE INDUSTRIAL ZONE, STATE LAND SUBD., LOT 1, BRGY. MANGGAHAN, GENERAL TRIAS, CAVITE

BA ZIP Code

4107

Part III – Details of Monthly Income Payments and Taxes Withheld

[illegible]

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.

Stoneworks Specialist Int'l Corp

004-640-897-000

NCMesina

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No /
Attorney's Roll No (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

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

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



BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax
Withheld at Source

2307 01/18ENC

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

For the Period

From

12

01

20

24

(MM/DD/YYYY)

To

12

31

20

24

(MM/DD/YYYY)

Part I - Payee Information

2 Taxpayer Identification Number (TIN)

004

- 661

- 920

- 00000

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

KOLIN MARKETING, INC.

4 Registered Address

1854 STA RITA ST. GUADALUPE NUEVO MAKATI CITY

4A ZIP Code

1212

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN)

007

- 069

- 743

- 0000

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

FUNDLINE FINANCE CORPORATION

8 Registered Address

TPI BUILDING EDSA COR. HARVARD ST. BRGY. PINAGKAISAHAN MAKATI CITY

8A ZIP Code

1900

Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
PAYMENTS MADE BY TOP 10,000 PRIVATE CORPORATIONS TO THEIR LOCAL/RESIDENT SUPPLIERS OF GOOD	WC158			26,862.32	26,862.32	268.62
PAYMENTS MADE BY TOP 10,000 PRIVATE CORPORATIONS TO THEIR LOCAL/RESIDENT SUPPLIERS OF SERVICES	WC160				0.00	0.00
Total						268.62
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.

VHIA ANDREA TE

463206313

ACCTG. MANAGER/ACCTG-DEPT

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)Date of Issue
(MM/DD/YYYY)Date of Expiry
(MM/DD/YYYY)

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)Date of Issue
(MM/DD/YYYY)Date of Expiry
(MM/DD/YYYY)

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





2307 01/18ENCS

Certificate of Creditable Tax Withheld at Source

2307

July 2018 (ENCS)

January 2012

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

1 For the Period From

1	0	0	1
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 2024 (MM/DD/YYYY) To

1	2	3	1
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 2024 (MM/DD/YYYY)

Part I – Payee Information

2 Taxpayer Identification Number (TIN)

004	-	661	-	920	-	000	0
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3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING INC

4 Registered Address

1854 STA RITA ST GUADALUPE NUEVO MAKATI CITY

4A ZIP Code

1212

5 Foreign Address, if applicable**Part II - Payor Information**

6 Taxpayer Identification Number (TIN)

230	-	622	-	066	-	000	
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7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

MAGELLAN COMMODITIES INCORPORATED

8 Registered Address

126 TANQUE ST. BRGY 664 ZONE 071 PACO MANILA

8A ZIP Code

1.007

Part III - Details of Monthly Income Payments and Taxes Withheld

Part III - Details of Monthly Income Payments and Taxes						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC158	-	-	31,246.52	31,246.52	312.47
Total		-	-	31,246.52	31,246.52	312.47
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

RASHIELA SAMPANA

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

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of issue
(MM/DD/YYYY)

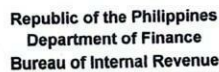
Date of Expiry
(MMDDYYmm)

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



SI # 59656

BIR Form No. <big>2307</big> January 2018 (ENCS)		Certificate of Creditable Tax Withheld at Source		2307 01/18 ENCS			
<small>Fill in all applicable spaces. Mark all appropriate boxes with an "X".</small>							
For the Period From		To					
10 01 2024		(MM/DD/YYYY) 12 31 2024		(MM/DD/YYYY)			
Part I – Payee Information							
Taxpayer Identification Number (TIN)		004 - 661 - 920 - 000					
Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) Kolin Marketing Inc.							
Registered Address 1854 Kolin Bldg. Sta Rita., Guadalupe Nuevo Makati City					4A ZIP Code 		
Foreign Address, if applicable XXX							
Part II – Payer Information							
Taxpayer Identification Number (TIN)		007 - 338 - 557 - 000					
Payer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) WEALTH ENTERPRISES CORP.							
Registered Address PS-03 G/F PARKING TOWER PRIMEBLOCK TUTUBAN CENTER CM RECTO AVE. BRGY 247 ZONE 22 TONDO MANILA					8A ZIP Code 1013		
Part III – Details of Monthly Income Payments and Taxes Withheld							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Total	Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		
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	-	-	-	-		-
Total					21,817.95	Php	218.18
Money Payments Subject to Withholding of Business Tax (Government & Private)							
Total							



BIR Form No.

2307

Certificate of Creditable Tax Withheld at Source



1	For the Period	From	12	01	2024	(MM/DD/YYYY)	To	12	31	2024	(MM/DD/YYYY)
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(MM/DD/YYYY)

004	661	920	000
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4A ZIP Code

5 Foreign Address, if applicable

000	253	656	0000
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8A ZIP Code

1600

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income paymmnts made by top 20,000 private corporations to their local/resident suppliers of service-Corporate						
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC158				13,380.45	133.80
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.

TIN#101-898-412

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Date of Expiry

DATE OF ISSUE
(MM/DD/YYYY)

(MM/DD/YYYY)

CONFORME:

KOLIN MARKETING INC.

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and T/N)

Date of Issue

Date of Expiry

Attorney's Roll No. (if applicable)

(MM/DD/YYYY)

(MM/DD/YYYY)

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

AP-000003261

2307 01/18ENCS

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



BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCs

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

1	For the Period	From	12	01	2024	(MM/DD/YYYY)	To	12	31	2024	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN) 004 - 661 - 920 - 0000

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

KOLIN MARKETING, INC.

4 Registered Address

1854 Sta. Rita St., Guadalupe Nuevo Makati City

4A ZIP Code

1 2, 1 2

5 Foreign Address, if applicable

Part II – Payer Information

6 Taxpayer Identification Number (TIN)	000	-	610	-	796	-	0000
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7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

HI - GRADE FEEDS CORPORATION

8 Registered Address

180 Reparo Road Baesa, Caloocan City

8A ZIP Code

1401

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payment made by top 20,000 private corp. to their local / resident suppliers of goods	WC158				32,305.45	323.05
Total					32,305.45	323.05
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.

Andrew M. Cardino / Admin Manager / TTN 242-344-479

Signature over Printed name of Payee/Favor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No. /
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME

For BIR Use Only BCS/
Item:

SI # 5848

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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

1	For the Period	From	12	01	2024	(MM/DD/YYYY)	To	12	31	2024	(MM/DD/YYYY)
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Part I – Payee Information

2 Taxpayer Identification Number (TIN)

0,09	-	57,3	-	8,95	-	0,00
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3. Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

KOLIN MARKETING, INC.

4 Registered Address

1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY 1212

4A ZIP Code

5 Foreign Address, if applicable

Part II – Pavor Information

6 Taxpayer Identification Number (TIN)

203	-	120	-	687	-	00
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7. Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PAN DE MANILA FOOD CO INC.

8 Registered Address

4 GRANADA ST. VALENCIA, QUEZON CITY

8A ZIP Code

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC158			9,773.44	9,773.44	97.73
Total		-			9,773.44	97.73
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.

ARMAIN F. LOBARBIO

242-899-246-000

AUTHORIZED REPRESENTATIVE

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

2307 01/18ENCs

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

SI# 58747

For BIR BCS/
Use Only Item:
 Republic of the Philippines
 Department of Finance
 Bureau of Internal Revenue

 BIR Form No.
2307

January 2018 (ENCS)

**Certificate of Creditable Tax
 Withheld at Source**


2307 01/18ENCS

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

 1 For the Period From **1 0 0 1** **2 0 2 4** (MM/DD/YYYY) To **1 2 3 1** **2 0 2 4** (MM/DD/YYYY)
Part I - Payee Information

2 Taxpayer Identification Number (TIN)

0 0 4 - 6 6 1 - 9 2 0 - 0 0 0

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

KOLIN MARKETING, INC.

4 Registered Address

1854 STA RITA ST., GUADALUPE NUEVO, MAKATI CITY.

4A ZIP Code

1 2 1 2

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN)

0 0 5 - 9 0 3 - 6 8 9 - 0 0 0

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

CDC MANUFACTURING CORP.

8 Registered Address

#8 UNIVERSITY AVENUE EXT., BRGY. POTRERO, MALABON CITY

8A ZIP Code

1 4 7 5**Part III - Details of Monthly Income Payments and Taxes Withheld**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax.						
SI#58747 DR#53259	WC 158		149,243.04		149,243.04	1,492.44
AP2411101/CV241229650						
Total		-	149,243.04	-	149,243.04	1,492.44
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.

GUENDA DASCO**ACCOUNTING SUPERVISOR / 251-182-425-000**

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

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

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

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

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

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

S1 # 59694

BIR Form No.

2307

January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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

1 For the Period From **12 01 2024** (MM/DD/YYYY) To **12 31 2024** (MM/DD/YYYY)

Part I - Payee Information

2 Taxpayer Identification Number (TIN)

009 - 573 - 895 - 0001

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

KOLIN MARKETING, INC.

4 Registered Address

1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY 1212

4A ZIP Code

5 Foreign Address, if applicable

Part II - Payor Information

6 Taxpayer Identification Number (TIN)

007 - 811 - 693 - 0001

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

MEGA GOLDTOWN PAN, INC.

8 Registered Address

RETAIL NO 5 G/F ROCKWELL BUSINESS CENTER TOWER 3 MERALCO AVE., UGONG PASIG CITY

8A ZIP Code

1604

Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of goods other than those covered by other rates of withholding tax	WC158			19,546.88	19,546.88	195.47
Total				19,546.88	19,546.88	195.47
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

ARMAN F. LOBARBIO

242-899-246-000

AUTHORIZED REPRESENTATIVE

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./
Attorney's Roll No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

