





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	2, 0, 2, 4	(MM/DD/YYYY)	To	12	31	2, 0, 2, 4	(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)

JIMMY L. MIRANDA

#### 4 Registered Address

107 DAMA DE NOCHE ST. PAYATAS Q.C.

4A ZIP Code

1, 2, 1, 2

5 Foreign Address, if applicable

## Part II – Payor Information

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

KOLIN MARKETING INC

### 8 Registered Address

1854 STA RITA ST. GUADALUPE NUEVO, MAKATI CITY

8A ZIP Code

1 2 1 2

## 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	
PROFESSIONAL FEE	WM10	5,500.00	5,500.00	5,500.00	16,500.00	825.00
Total						825.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

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

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

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

(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./

Date of Issue

Date of Expiry

Attorney's Roll No. (if applicable)

(MM/DD/YYYY)

(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./

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](http://www.bir.gov.ph))



BIR Form No.

2307

January 2018 (ENCS)

## Certificate of Creditable Tax Withheld at Source



2307 01/18FNCs

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

1	For the Period	From	07	01	2,0,2,4	(MM/DD/YYYY)	To	09	3,0	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

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

JIMMY L. MIRANDA

#### 4 Registered Address

4A ZIP Code

107 DAMA DE NOCHE ST. PAYATAS Q.C.

1, 2, 1, 2

5 Foreign Address, if applicable

## Part II – Payer Information

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

KOLIN MARKETING INC

8 Registered Address

8A ZIP Code

1854 STA RITA ST. GUADALUPE NUEVO, MAKATI CITY

1	2	1	2
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## 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	
PROFESSIONAL FEE	WM010	5,500.00	5,500.00	5,500.00	16,500.00	825.00
Total						825.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

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

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

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

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

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

**CONFORME:**

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

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

Date of Issue  
(MM/DD/YYYY)

Date of Expiry  
(MM/DD/YYYY)

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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	04	01	2 0 2 4	(MM/DD/YYYY)	To	06	30	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

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

JIMMY L. MIRANDA

4	Registered Address	4A	ZIP Code
	107 DAMA DE NOCHE ST. PAYATAS Q.C.		1, 2, 1, 2

5	Foreign Address, if applicable

## Part II – Payor Information

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

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

KOLIN MARKETING INC

8	Registered Address	8A	ZIP Code
	1854 STA RITA ST. GUADALUPE NUEVO, MAKATI CITY		1 2 1 2

## 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	
PROFESSIONAL FEE	WM10	5,500.00	5,500.00	5,500.00	16,500.00	825.00
Total						825.00
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MS. EDITHA M. FLORES (AVP-Finance / 101-537-151-000)

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

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