

## Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate boxes with an "X" For the Period 2, 0, 2, 4 (MM/DD/YYYY) 93 To 3,1 2,0,2 4 (MM/DD/YYYY) Part I - Payee Information 2 Taxpayer Identification Number (TIN) 0,0,4 661-9,20-0, 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual JIMMY L. MIRANDA Registered Address 4A ZIP Code 107 DAMA DE NOCHE ST. PAYATAS Q.C. 1,2,12 Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 10,2 - 8,2,7 - 8,3,8 - 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 Registered Address 8A ZIP Code 1854 STA RITA ST. GUADALUPE NUEVO, MAKATI CITY 1,2,12 Part III – Details of Monthly Income Payments and Taxes Withheld
AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Tax Withheld for the ATC 1st Month of the 2nd Month of the 3rd Month of the Withholding Tax Total Quarter Quarter Quarter Quarter PROFESSIONAL FEE WI010 5,500.00 5.500.00 27,500.00 38,500.00 1,925.00 1,925.00 Money Payments Subject to Withholding of 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. MS. EDIT/HA 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 Expiry Date of Issue 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)

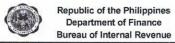


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Fill in all applicable spaces. Mark all appropriate boxes with an "X" For the Period From 10 0,1 2, 0, 2, 4 (MM/DD/YYYY) 1,2 3,1 2,0,2 4 (MM/DD/YYYY) Part I - Payee Information 0,0,4 2 Taxpayer Identification Number (TIN) 6 6 1 - 9,2,0 0.0 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) JIMMY L. MIRANDA Registered Address 4A ZIP Code 107 DAMA DE NOCHE ST. PAYATAS Q.C. 1,2,12 Foreign Address, if applicable Part II - Payor Information 8, 2, 7 - 8, 3, 8 - 0, 0, 0, 0, 0 6 Taxpayer Identification Number (TIN) Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) KOLIN MARKETING INC Registered Address 8A ZIP Code 1854 STA RITA ST. GUADALUPE NUEVO, MAKATI CITY 1,2,12 Part III – Details of Monthly Income Payments and Taxes Withheld

AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Tax Withheld for the ATC 1st Month of the 2nd Month of the 3rd Month of the Withholding Tax Total Quarter Quarter Quarter Quarter PROFESSIONAL FEE 5,500.00 5,500.00 WI010 5,500.00 16,500.00 825.00 Total 825.00 Money Payments Subject to Withholding of **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 \* ata Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. MS. EDITMA 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 Expiry Date of Issue Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY)

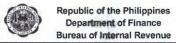


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Fill in all applicable spaces. Mark all appropriate boxes with an "X" For the Period 2,0,2,4 3,0 2,0,2 4 (MM/DD/YYYY) From 07 0,1 (MM/DD/YYYY) 9 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 0,0,4 661-920-0,0,0 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) JIMMY L. MIRANDA Registered Address 4A ZIP Code 107 DAMA DE NOCHE ST. PAYATAS Q.C. 1,2,12 Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 8, 2, 7 - 8, 3, 8 - 0, 0, 0, 0, 0 10,2 7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) KOLIN MARKETING INC 8A ZIP Code Registered Address 1854 STA RITA ST. GUADALUPE NUEVO, MAKATI CITY 1 2 1 2 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 ATC 2nd Month of the 3rd Month of the Withholding Tax Total Quarter Quarter Quarter Quarter PROFESSIONAL FEE 5,500.00 5,500.00 5,500.00 825.00 WI010 16,500.00 Total 825.00 Money Payments Subject to Withholding of **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. 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 Expiry Date of Issue 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 Expiry Date of Issue Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY)

<sup>\*</sup>NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



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Fill in all applicable spaces. Mark all appropriate boxes with an "X". 3,0 2,0,2 4 1 For the Period From 04 0,1 2, 0, 2, 4 (MM/DD/YYYY) To 96 (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) JIMMY L. MIRANDA Registered Address 4A ZIP Code 107 DAMA DE NOCHE ST. PAYATAS Q.C. 1,2,12 Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) 10,2 8, 2, 7 - 8, 3, 8 - 0, 0, 0, 0, 0 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) KOLIN MARKETING INC 8A ZIP Code Registered Address 1854 STA RITA ST. GUADALUPE NUEVO, MAKATI CITY 1,2,12 Part III – Details of Monthly Income Payments and Taxes Withheld

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