

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	319	686	230	0000
3	Payee's Name	ABAN, GINALYN PAJAYON (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ABAN, GINALYN PAJAYON

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 446 499 120 0000

3 Payee's Name → **ALINA, ARNOLD LOUIE HERERA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div> CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH </div> <div> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) </div> </div>
---	--------------	--

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366

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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ALINA, ARNOLD LOUIE HERERA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	416	982	670	0000
3	Payee's Name	ANTONIO, KIMBERLY RECARBAR (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,477.37	2,447.74
Total					24,477.37	2,447.74
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ANTONIO, KIMBERLY RECABAR

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	430	225	833	0000
3	Payee's Name	APULI, ROMEO JR BALIZA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

APULI, ROMEO JR BALIZA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	458	393	894	0000
3	Payee's Name	AQUINO, CHIMMY DAWN APPALA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

AQUINO, CHIMMY DAWN APPALA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	314	825	264	0000
3	Payee's Name	BAGUINGAN, BENJAMIN II SAROL (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				22,620.36	2,262.04
Total					22,620.36	2,262.04
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BAGUINGAN, BENJAMIN II SAROL

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

1 For the Period From (MM/DD/YY) To (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	312	789	780	0000
3	Payee's Name	BARCELONA, EXCEL CARDENIO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BARCELONA, EXCEL CARDENIO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	464	482	057	0000
3	Payee's Name	BAZAR, XANDRA MICHELLE (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437		135		027		0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY						8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BAZAR. XANDRA MICHELLE

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	456	739	648	0000
3	Payee's Name	BIADO, GENE ROSALYN DELA CRUZ (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II		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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BIADO, GENE ROSALYN DELA CRUZ

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	324	709	910	0000
3	Payee's Name	BOLANOS, JAM CLAUDINEE SAMOY (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,659.96	2,366.00
Total					23,659.96	2,366.00
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BOLANOS, JAM CLAUDINEE SAMOY

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 417 414 907 0000

3 Payee's Name → **CORRE, VANESSA MAE LLANTO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div> CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH </div> <div> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) </div> </div>
---	--------------	--

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CORRE, VANESSA MAE LLANTO

CORRE, VANESSA MAE LEANTO
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	294	875	333	0000
3	Payee's Name	CRUZ, PAUL YVES GARCES (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CRUZ, PAUL YVES GARCES

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	413	767	046	0000
3	Payee's Name	DASIGAN, SHARA LYN MANUEL (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				12,270.98	1,227.10
Total					12,270.98	1,227.10
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DASIGAN, SHARA LYN MANUEL

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

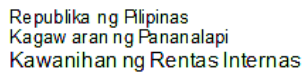
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	933	454	857	0000
3	Payee's Name	ESTRADA, JOSEPHINE DIAZ (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,521.61	2,352.16
Total					23,521.61	2,352.16
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ESTRADA, JOSEPHINE DIAZ

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	277	686	919	0000
3	Payee's Name	FERNANDEZ, CLARENCE JACINTO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				14,208.50	1,420.85
Total					14,208.50	1,420.85
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

FERNANDEZ, CLARENCE JACINTO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	317	266	937	0000
3	Payee's Name	GABON, BRYAN CURADA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,761.76	2,376.18
Total					23,761.76	2,376.18
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GABON, BRYAN CURADA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	420	374	802	0000
3	Payee's Name	GUINO O, MC RUSSWIN CARREON (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUINO O, MC RUSSWIN CARREON

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From (MM/DD/YY) To (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	448	920	487	0000
3	Payee's Name	GUNDRAN, ROBIN ABARCA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,706.95	2,370.70
Total					23,706.95	2,370.70
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUNDRAN, ROBIN ABARCA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From (MM/DD/YY) To (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	404	811	898	0000
3	Payee's Name	HERNANDEZ, CZARINA JANE BELTRAN (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				14,208.50	1,420.85
Total					14,208.50	1,420.85
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

HERNANDEZ, CZARINA JANE BELTRAN

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From		07	01	17	(MM/DD/YY)		To	07	31	17	(MM/DD/YY)	
Part I Payee Information												
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>459</div> <div>857</div> <div>195</div> <div>0000</div> </div>											
3 Payee's Name	LABARO, CRISELOU BELTRAN <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>											
4 Registered Address											4A Zip Code	
5 Foreign Address											5A Zip Code	
Payor Information												
6 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>437</div> <div>135</div> <div>027</div> <div>0000</div> </div>											
7 Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>											
8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY										8A Zip Code	1550
PART II 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							
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,509.66	2,450.97						
Total					24,509.66	2,450.97						
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.												
JOCELYN P. BOBADILLA Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		_____ TIN of Signatory		_____ Title/Position of Signatory								
_____ Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		_____ Date of Issuance		_____ Date of Expiry								
Conforme:												
LABARO, CRISELOU BELTRAN Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		_____ TIN of Signatory		_____ Title/Position of Signatory		_____ Date Signed						
_____ Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		_____ Date of Issuance		_____ Date of Expiry								

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	415	237	892	0000
3	Payee's Name	LAGARDE, AIRA GRACE MUJAR (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,539.26	2,453.93
Total					24,539.26	2,453.93
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LAGARDE, AIRA GRACE MUJAR

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 316 909 839 0000

3	Payee's Name	LALAGUNA, JESENETH DANICA ARGUELLES
---	--------------	-------------------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
---	--------------	--

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,777.43	2,377.74
Total					23,777.43	2,377.74
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LALAGUNA, JESENETH DANICA ARGUELLES

TIN of Signatory

Title/Position of Signatory

Date Signed _____

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 478 889 955 0000

3 Payee's Name → **LAO, MARY GRACE REYES**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div> CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH </div> <div> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) </div> </div>
---	--------------	--

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LAO, MARY GRACE REYES

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 455 881 557 0000

3 Payee's Name → **LARA, JOHN CHRISTIAN YATCO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
---	--------------	--

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LARA. JOHN CHRISTIAN YATCO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	488	391	551	0000
3	Payee's Name	LOA, FERDIE ANGELO DELA VEGA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,743.49	2,374.35
Total					23,743.49	2,374.35
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LOA, FERDIE ANGELO DELA VEGA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	446	903	646	0000
3	Payee's Name	LOTERIA, JOSEPH ADRIANE MATEO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				14,208.50	1,420.85
Total					14,208.50	1,420.85
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LOTERIA, JOSEPH ADRIANE MATEO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	303	007	924	0000
3	Payee's Name	LUNA, JHOANNA KATRINA ABELLA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LUNA, JHOANNA KATRINA ABELLA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	481	299	336	0000
3	Payee's Name	MAGAYO, EMMANUEL VIRAY (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

MAGAYO, EMMANUEL VIRAY

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	282	485	838	0000
3	Payee's Name	NASAYAO, BRAN DARIUS NINO MORAL (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,533.88	2,453.39
Total					24,533.88	2,453.39
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

NASAYAO, BRAN DARIUS NINO MORAL

TIN of Signatory

Title/Position of Signatory

Date Signed _____

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 217 141 242 0000

3 Payee's Name → **NUNEZ, JOHN LESTER MALUBAY**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
---	--------------	--

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,709.56	2,370.96
Total					23,709.56	2,370.96
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

NUNEZ, JOHN LESTER MALUBAY

NUNEZ, JOHN LESTER MALOBY
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	314	453	057	0000
3	Payee's Name	OLLERAS, RUBIE JEAN SARABIA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

OLLERAS, RUBIE JEAN SARABIA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From		07	01	17	(MM/DD/YY)	To		07	31	17	(MM/DD/YY)
Part I Payee Information											
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>191</div> <div>346</div> <div>101</div> <div>0000</div> </div>										
3 Payee's Name	<div style="border: 1px solid black; padding: 2px;">ORDONEZ, CLEO TABUENA</div> <div style="font-size: small; text-align: center;">(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>										
4 Registered Address									4A Zip Code		
5 Foreign Address									5A Zip Code		
Payor Information											
6 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>437</div> <div>135</div> <div>027</div> <div>0000</div> </div>										
7 Payor's Name	<div style="border: 1px solid black; padding: 2px;">CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div style="font-size: small; text-align: center;">(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>										
8 Registered Address	<div style="border: 1px solid black; padding: 2px;">WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY</div>								8A Zip Code	1550	
PART II 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						
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				10,333.45	1,033.35					
Total					10,333.45	1,033.35					
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.											
JOCELYN P. BOBADILLA Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory							
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry							
Conforme:											
ORDONEZ, CLEO TABUENA Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory		Date Signed					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry							

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	277	902	841	0000
3	Payee's Name	PAEZ, MARK CHRISTIAN JAO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,488.15	2,448.82
Total					24,488.15	2,448.82
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

PAEZ, MARK CHRISTIAN JAO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	480	426	687	0000
3	Payee's Name	RAMIREZ, MARVIN FOJAS (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,673.01	2,367.30
Total					23,673.01	2,367.30
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

RAMIREZ, MARVIN FOJAS

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	434	657	418	0000
3	Payee's Name	ROSALES, KEVIN ALMAZAN (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ROSALES, KEVIN ALMAZAN

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	313	466	540	0000
3	Payee's Name	SANGAHIN, YVES EVITA CAMOTA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,761.74	2,376.17
Total					23,761.74	2,376.17
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SANGAHIN, YVES EVITA CAMOTA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	315	545	480	0000
3	Payee's Name	SANTAMARIA, EDISON TAN (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,806.14	2,380.61
Total					23,806.14	2,380.61
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SANTAMARIA, EDISON TAN

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	305	328	533	0000
3	Payee's Name	SANTELICES, ELAIZA JUNIO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,777.43	2,377.74
Total					23,777.43	2,377.74
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SANTELICES, ELAIZA JUNIO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	262	855	443	0000
3	Payee's Name	SANTOS, RONALDO FAUSTINO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				22,501.31	2,250.13
Total					22,501.31	2,250.13
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SANTOS, RONALDO FAUSTINO

SANTOS, RONALDO PAUSTINO
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	490	308	531	0000
3	Payee's Name	SERRANO, EUNICE DE LEON (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,631.25	2,363.13
Total					23,631.25	2,363.13
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SERRANO, EUNICE DE LEON

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	322	428	328	0000
3	Payee's Name	TAN, MONIQUE GABRIELE AVELINO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				12,500.73	1,250.07
Total					12,500.73	1,250.07
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TAN, MONIQUE GABRIELE AVELINO

TAN, MONIQUE GABRIELLE AVELINO
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	132	598	123	0000
3	Payee's Name	TERMINEZ, ROWEENA PARUNGAO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TERMINEZ, ROWEENA PARUNGAO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From	07	01	17	(MM/DD/YY)	To	07	31	17	(MM/DD/YY)
Part I Payee Information									
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> 462 636 816 0000 </div>								
3 Payee's Name	TORRECAMPO, QUIN BEA DIMAALA <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>								
4 Registered Address								4A Zip Code	
5 Foreign Address								5A Zip Code	
Payor Information									
6 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> 437 135 027 0000 </div>								
7 Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>								
8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY							8A Zip Code	1550
PART II 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				
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20			
Total					24,541.95	2,454.20			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
Total					-	-			

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	314	661	848	0000
3	Payee's Name	VELASCO, VALESCHA REGALADO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

VELASCO, VALESCHA REGALADO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	480	339	075	0000
3	Payee's Name	VILLARAMA, CHARLES DAVID FLORES (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,790.48	2,379.05
Total					23,790.48	2,379.05
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

VILLARAMA, CHARLES DAVID FLORES

VILLAKAMIA, CHARLES DAVID FLORES
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	473	760	830	0000
3	Payee's Name	VILLENA, DANICA LOU AURIQUE (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

VILLENA, DANICA LOU AURIQUE

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	472	641	615	0000
3	Payee's Name	ALMAZAN, RACQUEL DAWN NUGUID (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ALMAZAN, RACQUEL DAWN NUGUID

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	400	672	021	0000
3	Payee's Name	ALMEDA, HAZEL ANN ALEDO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ALMEDA, HAZEL ANN ALEDO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From (MM/DD/YY) To (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	400	644	365	0000
3	Payee's Name	ARCHES, JOURDANE EDEN ROXAS (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ARCHES, JOURDANE EDEN ROXAS

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

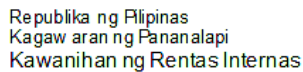
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Date of Expiry

1

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	406	825	010	0000
3	Payee's Name	BALINGIT, JOHN ERICKSON MANQUIZ (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				26,297.73	2,629.77
Total					26,297.73	2,629.77
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BALINGIT. JOHN ERICKSON MANQUIZ

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	294	925	597	0000
3	Payee's Name	BERGADO, MELVIN SAROL (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				18,438.64	1,843.86
Total					18,438.64	1,843.86
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BERGADO, MELVIN SAROL

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	490	769	407	0000
3	Payee's Name	CASTILLANO, KLINE PRESCOTTE LAWAS (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				13,650.00	1,365.00
Total					13,650.00	1,365.00
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CASTILLANO, KLINE PRESCOTTE LAWAS

TIN of Signatory

Title/Position of Signatory

Date Signed _____

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 217 352 287 0000

3 Payee's Name → **CYPRES, VIENI DELA VICTORIA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
---	--------------	--

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CYPRES, VIENI DELA VICTORIA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	319	766	326	0000
3	Payee's Name	DELA CRUZ, CHRISTINE MAE TRINIDAD (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,556.54	2,355.65
Total					23,556.54	2,355.65
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DELA CRUZ, CHRISTINE MAE TRINIDAD

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	271	183	205	0000
3	Payee's Name	DELA CRUZ, IRENE SAMONTE (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				9,927.27	992.73
Total					9,927.27	992.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DELA CRUZ, IRENE SAMONTE

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	462	716	849	0000
3	Payee's Name	DELA ROSA, JAYPEE BRUTAS (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DELA ROSA, JAYPEE BRUTAS

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	313	137	317	0000
3	Payee's Name	GUILARAN, MARY GRACE AQUINO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address				4A Zip Code
5	Foreign Address				5A Zip Code

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				17,454.00	1,745.40
Total					17,454.00	1,745.40
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUILARAN, MARY GRACE AQUINO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From	07	01	17	(MM/DD/YY)	To	07	31	17	(MM/DD/YY)
Part I Payee Information									
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">492</div> <div style="border: 1px solid black; padding: 2px;">006</div> <div style="border: 1px solid black; padding: 2px;">908</div> <div style="border: 1px solid black; padding: 2px;">0000</div> </div>								
3 Payee's Name	<div style="border: 1px solid black; padding: 2px;">GUILLERMO, TERI NICOLE ANN</div> <div style="font-size: 0.8em; margin-top: 2px;">(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>								
4 Registered Address								4A Zip Code	
5 Foreign Address								5A Zip Code	
Payor Information									
6 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">437</div> <div style="border: 1px solid black; padding: 2px;">135</div> <div style="border: 1px solid black; padding: 2px;">027</div> <div style="border: 1px solid black; padding: 2px;">0000</div> </div>								
7 Payor's Name	<div style="border: 1px solid black; padding: 2px;">CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div style="font-size: 0.8em; margin-top: 2px;">(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>								
8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY							8A Zip Code	1550
PART II 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				
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73			
Total					23,577.27	2,357.73			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
Total					-	-			
<p style="font-size: 0.8em;">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.</p>									
JOCELYN P. BOBADILLA Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry					
Conforme:									
GUILLERMO, TERI NICOLE ANN Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory		Date Signed			
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry					

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	179	010	730	0000
3	Payee's Name	NUNEZ, MA THERESA OSTERIA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

NUNEZ, MA THERESA OSTERIA

NUNEZ, MA THERESA OSTERIA
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From (MM/DD/YY) To (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	439	245	511	0000
3	Payee's Name	OBALLAS, FRITZ GERALD PABLO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				18,438.64	1,843.86
Total					18,438.64	1,843.86
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

OBALLAS, FRITZ GERALD PABLEO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	415	072	302	0000
3	Payee's Name	ORO, ROSE ANN GARCIA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ORO. ROSE ANN GARCIA

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	488	128	724	0000
3	Payee's Name	PEREZ, ERIKA KAE PINPIN (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				13,650.00	1,365.00
Total					13,650.00	1,365.00
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

PEREZ, ERIKA KAE PINPIN

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	472	663	426	0000
3	Payee's Name	RECKERONE, YSABEL MAE CAPUNO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II		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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

RECERONE, YSABEL MAE CAPUNO

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	452	494	465	0000
3	Payee's Name	REYES, JOY ANN RAZON (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				18,438.64	1,843.86
Total					18,438.64	1,843.86
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

REYES, JOY ANN RAZON

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	313	686	076	0000
3	Payee's Name	SADORRA, ABIGAIL QUILANG (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II		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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SADORRA, ABIGAIL QUILANG

SADORRA, ABIGAIL QUILANG
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	220	092	210	0000
3	Payee's Name	TACUYAN, SOFRONIO JR TA AY (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				5,818.18	581.82
Total					5,818.18	581.82
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TACUYAN, SOFRONIO JR TA AY

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2	Taxpayer Identification Number	495	643	379	0000
3	Payee's Name	VENIDA, CASSANDRA THANUEL DAYRIT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY			8A Zip Code 1550

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,577.27	2,357.73
Total					23,577.27	2,357.73
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 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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

VENIDA, CASSANDRA THANUEL DAYRIT

TIN of Signatory

Title/Position of Signatory

Date Signed _____

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From

07	01	17
----	----	----

 (MM/DD/YY) To

07	31	17
----	----	----

 (MMDD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number → 483 231 704 0000

3 Payee's Name → **VILLACERAN, RIALYN MABANSAG**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
---	--------------	--

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
----------------------	---	-------------	------

PART II	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	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				25,045.45	2,504.55
Total					25,045.45	2,504.55
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.

JOCELYN P. BOBADILLA

Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

VILLACERAN, RIALYN MABANSAG

Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry