

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	161	636	067	0000
3	Payee's Name	BERMUDEZ, MARIE GRACE DELMONTE (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
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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				14,514.00	1,451.40
Total					14,514.00	1,451.40
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:

**BERMUDEZ, MARIE GRACE DELMONTE**

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 

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

 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	465	300	297	0000
3	Payee's Name	BOBILES, ZHANDEL LOISE VILLANUEVA (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				14,514.00	1,451.40
Total					14,514.00	1,451.40
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:

**BOBILES, ZHANDEL LOISE VILLANUEVA**

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







Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	115	922	478	0000
3	Payee's Name	HUMPHREYS, VIVIAN SANTOS (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				29,028.00	2,902.80
Total					29,028.00	2,902.80
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:

**HUMPHREYS, VIVIAN SANTOS**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	423	672	426	0000
3	Payee's Name	LADERA, MELVIN DE GUZMAN (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				27,521.63	2,752.16
Total					27,521.63	2,752.16
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:

**LADERA. MELVIN DE GUZMAN**

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

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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
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2	Taxpayer Identification Number	<div></div>	
3	Payee's Name	<div>OCHOA, MARIA JOANNA DE LEON</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>	
4	Registered Address	<div></div>	4A Zip Code <div></div>
5	Foreign Address	<div></div>	5A Zip Code <div></div>

### 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				14,514.00	1,451.40
<b>Total</b>					<b>14,514.00</b>	<b>1,451.40</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**OCHOA, MARIA JOANNA 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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 493 832 552 0000

3 Payee's Name → **RELUCIO, PATRICIA TALAG**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				14,514.00	1,451.40
Total					14,514.00	1,451.40
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:

**RELUCIO, PATRICIA TALAG**

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	215	672	896	0000
3	Payee's Name	SEBASTIAN, MICHELLE MARIE LLENADO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				29,028.00	2,902.80
Total					29,028.00	2,902.80
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:

**SEBASTIAN, MICHELLE MARIE LLENADO**

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
--------	-------------------

<b>2</b>	Taxpayer Identification Number	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>3</b>	Payee's Name	<div style="border: 1px solid black; padding: 5px;">VILLAROMAN, DANIEL L <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small></div>	
<b>4</b>	Registered Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>4A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>
<b>5</b>	Foreign Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>5A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>

## 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				14,514.00	1,451.40
Total					14,514.00	1,451.40
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:

**VILLAROMAN, DANIEL L**

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	288	787	978	0000
3	Payee's Name	BAUTISTA, HANNAH LEAH MENDOZA (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				19,200.00	1,920.00
Total					19,200.00	1,920.00
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:

**BAUTISTA, HANNAH LEAH MENDOZA**

**BACISTA, HANNAH LEAH MENDOZA**  
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	125	969	145	0000
3	Payee's Name	LAYSER, LOLITA CANTORNA (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				28,000.00	2,800.00
Total					28,000.00	2,800.00
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:

**LAYSER, LOLITA CANTORNA**

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	154	078	298	0000
3	Payee's Name	<b>PANOPIO, LEAH SAN PEDRO</b> (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				9,600.00	960.00
Total					9,600.00	960.00
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:

**PANOPIO, LEAH SAN PEDRO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	157	523	263	0000
3	Payee's Name	<b>PANOPIO, MANUEL C</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address				<b>4A</b> Zip Code <input type="text"/>
5	Foreign Address				<b>5A</b> Zip Code <input type="text"/>

### 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				9,600.00	960.00
Total					9,600.00	960.00
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:

**PANOPIO, MANUEL C**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	175	721	250	0000
3	Payee's Name	VILLAROMAN, ALFONSO A (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				9,600.00	960.00
<b>Total</b>					9,600.00	960.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**VILLAROMAN, ALFONSO A**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	275	149	911	0000
3	Payee's Name	AARON, OMEGA FAMARAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**AARON, OMEGA FAMARAN**

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)
<b>Part I Payee Information</b>											
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>494</div> <div>217</div> <div>052</div> <div>0000</div> </div>										
3 Payee's Name	ACEDERA, JOSEPH EDMAR DE LEON <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		
<b>Payor Information</b>											
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	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>											
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				12,443.50	1,244.35					
<b>Total</b>					12,443.50	1,244.35					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
<b>Total</b>					-	-					
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.											
<b>JOCELYN P. BOBADILLA</b> 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:											
<b>ACEDERA, JOSEPH EDMAR DE LEON</b> 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 467 297 768 0000

3 Payee's Name → **APOSTOL, LENNOR KYLE SANTOS**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**APOSTOL, LENNOR KYLE SANTOS**

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 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	483	619	156	0000
3	Payee's Name	CAYABYAB, NORIEL BURIO (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				12,443.50	1,244.35
<b>Total</b>					<b>12,443.50</b>	<b>1,244.35</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**CAYABYAB, NORIEL BURIO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	312	400	787	0000
3	Payee's Name	FELICIANO, GIRLIE ROSE SANTOS (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				14,536.27	1,453.63
Total					14,536.27	1,453.63
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:

**FELICIANO, GIRLIE ROSE SANTOS**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 700 799 934 0000

3 Payee's Name → **GONZALES, JULIE ANNE MELISSE BUMATAY**  
(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
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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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**GONZALES, JULIE ANNE MELISSE BUMATAY**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	481	508	319	0000
3	Payee's Name	HERRERA, MA FRANCESCA 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				24,887.00	2,488.70
Total					24,887.00	2,488.70
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:

**HERRERA, MA FRANCESCA 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	491	090	926	0000
3	Payee's Name	JALOS, CAZELENE JOY ELOPRE (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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**JALOS, CAZELENE JOY ELOPRE**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	495	732	978	0000
3	Payee's Name	ORTIZ, MART ROGER TOLENTINO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**ORTIZ, MART ROGER TOLENTINO**

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 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	492	003	961	0000
3	Payee's Name	<b>QUILATAN, JOHN HEGZ CASTILLO</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address				<b>4A</b> Zip Code <input type="text"/>
5	Foreign Address				<b>5A</b> Zip Code <input type="text"/>

### 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**QUILATAN, JOHN HEGZ CASTILLO**

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	476	298	614	0000
3	Payee's Name	SAN JOSE, CHRISANTA ENRIQUEZ (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**SAN JOSE, CHRISANTA ENRIQUEZ**

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 → 476 272 972 0000

3 Payee's Name → **VILLARINO, JERICO SOBREJUANITE**  
(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
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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				12,443.50	1,244.35
Total					12,443.50	1,244.35
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:

**VILLARINO, JERICO SOBREJUANITE**

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	306	267	122	0000
3	Payee's Name	ACOSTA, JANICE CATIBO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ACOSTA, JANICE CATIBO**

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 

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

 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	282	570	266	0000
3	Payee's Name	ACOSTA, KRISTEL NOEL BUMATAY (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**ACOSTA, KRISTEL NOEL BUMATAY**

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	486	306	803	0000
3	Payee's Name	ADRIANO, GAY LORD SARMIENTO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**ADRIANO, GAY LORD SARMIENTO**

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)
<b>Part I Payee Information</b>											
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>446</div> <div>497</div> <div>586</div> <div>0000</div> </div>										
3 Payee's Name	AGUADA, STEPHANIE PRINCES DIAZ <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		
<b>Payor Information</b>											
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	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>											
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				13,439.00	1,343.90					
<b>Total</b>					13,439.00	1,343.90					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
<b>Total</b>					-	-					
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.											
<b>JOCELYN P. BOBADILLA</b> Payor/Payor's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>		TIN of Signatory		Title/Position of Signatory							
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry							
<b>Conforme:</b> <b>AGUADA, STEPHANIE PRINCES DIAZ</b> Payee/Payee's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>											
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	461	794	181	0000
3	Payee's Name	AGUILA, JAYPEE TORRES (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**AGUILA, JAYPEE TORRES**

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	267		273		116		0000
3	Payee's Name	AGUINALDO, MICHAEL TABIGNE (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**AGUINALDO, MICHAEL TABIGNE**

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	432	965	809	0000
3	Payee's Name	AGULTO, JED HUMPHREY 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**AGULTO, JED HUMPHREY FAUSTINO**

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	254	631	558	0000
3	Payee's Name	ALCAMPOR, KAREN JOY CRUDO (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
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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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**ALCAMPOR, KAREN JOY CRUDO**

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	111	573	805	0000
3	Payee's Name	ALEGRE, SARRAH LUDOVICE (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ALEGRE, SARRAH LUDOVICE**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	289	215	618	0000
3	Payee's Name	ALFONSO, KAREN KAY BANAGA (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**ALFONSO, KAREN KAY BANAGA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	281	304	230	0000
3	Payee's Name	ALIPIO, PAMELA ANDREA KALLMEYER (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ALIPIO, PAMELA ANDREA KALLMEYER**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	251	220	091	0000
3	Payee's Name	ALMIREZ, KRIS DAREN MANGUERRA (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				26,806.73	2,680.67
Total					26,806.73	2,680.67
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:

**ALMIREZ, KRIS DAREN MANGUERRA**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	312	912	683	0000
3	Payee's Name	ALONZO, AIRIEZ 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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ALONZO, AIRIEZ 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	318	171	067	0000
3	Payee's Name	BARRIOS, MARIA REGINA RUIZ (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BARRIOS, MARIA REGINA RUIZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	307	789	480	0000
3	Payee's Name	ANDOY, JASMIN PEREZ (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ANDOY, JASMIN PEREZ**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	408	073	691	0000
3	Payee's Name	ANO, JOMAR 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				25,656.27	2,565.63
Total					25,656.27	2,565.63
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:

**ANO. JOMAR 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	434	028	243	0000
3	Payee's Name	ANTOLIN, MICHELLE MALAGENA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ANTOLIN, MICHELLE MALAGENA**

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)
<b>Part I Payee Information</b>										
2 Taxpayer Identification Number	474 412 794 0000									
3 Payee's Name	AQUINO, APRIL ROSE SARTAGUDA (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	
<b>Payor Information</b>										
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
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>										
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				13,439.00	1,343.90				
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>				
Money Payments Subject to Withholding of Business Tax (Government & Private)										
<b>Total</b>					-	-				
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.										
<b>JOCELYN P. BOBADILLA</b> 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						
Conformer:										
<b>AQUINO, APRIL ROSE SARTAGUDA</b> 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 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	500	525	275	0000
3	Payee's Name	AQUINO, CONCEPCION LEA NALDOZA (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,267.14	2,626.71
Total					26,267.14	2,626.71
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, CONCEPCION LEA NALDOZA**

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	268	246	997	0000
3	Payee's Name	ARBIS, DANDEIL JOHN OCAMPO (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				24,434.55	2,443.46
Total					24,434.55	2,443.46
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:

**ARBIS, DANDEIL JOHN OCAMPO**

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	496	762	688	0000
3	Payee's Name	ARBIZ, LOUILA ELEGARLE (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ARBIZ, LOUILA ELEGARLE**

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

TIN of Signatory

Title/Position of Signatory

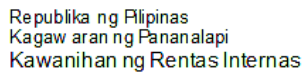
Date Signed \_\_\_\_\_

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	446	501	701	0000
3	Payee's Name	ASIS, MANILYN LACANDAZO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ASIS, MANILYN LACANDAZO**

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	686	468	0000
3	Payee's Name	ASPIRAS, MARIE ROSE REYNON (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ASPIRAS, MARIE ROSE REYNON**

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	289	363	329	0000
3	Payee's Name	<b>ATIENZA, KARLA GODA</b> <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	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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**ATIENZA, KARLA GODA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	448	292	364	0000
3	Payee's Name	BACAYO, RITZEL ALBIENDA (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	
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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				13,423.73	1,342.37
Total					13,423.73	1,342.37
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:

**BACAYO, RITZEL ALBIENDA**

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 → 410 878 282 0000

3 Payee's Name → **BAJARO, MARIA NINO PAOLO LEE**  
(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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BAJARO, MARIA NINO PAOLO LEE**

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	<div> <div>297</div> <div></div> <div>625</div> <div></div> <div>244</div> <div></div> <div>0000</div> </div>
3	Payee's Name	<div>BALADAD, MARIA CRISTINA GUANLAO</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
4	Registered Address	<div></div> <div>4A Zip Code</div> <div></div>
5	Foreign Address	<div></div> <div>5A Zip Code</div> <div></div>

### 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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BALADAD, MARIA CRISTINA GUANLAO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 156 217 757 0000

3 Payee's Name → **BALANDRA, BUENA SULIBIT**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BALANDRA, BUENA SULIBIT**

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 → 446 493 238 0000

3 Payee's Name → **BARICAUA, LENNY OIDA**  
(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
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**BARICAUA, LENNY OIDA**

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	909	380	133	0000
3	Payee's Name	BARRERA, DENNIS ALARCON (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BARRERA, DENNIS ALARCON**

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	263	214	0000
3	Payee's Name	<b>BARRIENTOS, KATHRINA SAN DIEGO</b> (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BARRIENTOS, KATHRINA SAN DIEGO**

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	255	127	473	0000
3	Payee's Name	ANCAJA, MARIE ANGELI DE LUNA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ANCAJA, MARIE ANGELI DE LUNA**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	444	842	233	0000
3	Payee's Name	BASBANO, JONA LEE PAGAY (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BASBANO, JONA LEE PAGAY**

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	451	707	911	0000
3	Payee's Name	BERANO, RIVA BIGALBAL (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BERANO, RIVA BIGALBAL**

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	270	081	025	0000
3	Payee's Name	BOGO, CLYDE 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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**BOGO, CLYDE 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	474		424		626		0000
3	Payee's Name	BONTO, ISABEL ANDREA BACABAC (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				26,824.55	2,682.46
Total					26,824.55	2,682.46
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:

**BONTO, ISABEL ANDREA BACABAC**

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 → 442 170 537 0000

3 Payee's Name → **BUG ATAN, ARIEL TORRES**  
(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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**BUG ATAN, ARIEL TORRES**

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	497	600	383	0000
3	Payee's Name	BULACAN, KAROLYN JOY 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	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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**BULACAN, KAROLYN JOY 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	<div></div>	
3	Payee's Name	<div>BULANHAGUI, NEZIE IVY R</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>	
4	Registered Address	<div></div>	4A Zip Code <div></div>
5	Foreign Address	<div></div>	5A Zip Code <div></div>

### 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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**BULANHAGUI, NEZIE IVY R**

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 → 455 927 749 0000

3 Payee's Name → **CABATIC, APRIL JOY ASPECTO**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,426.27	1,342.63
Total					13,426.27	1,342.63
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:

**CABATIC, APRIL JOY ASPECTO**

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	<div> <div>425</div> <div></div> <div>369</div> <div></div> <div>356</div> <div></div> <div>0000</div> </div>
3	Payee's Name	<div>CABIGTING, CLARISSE JANE JAMISON</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
4	Registered Address	<div></div> <div>4A Zip Code</div> <div></div>
5	Foreign Address	<div></div> <div>5A Zip Code</div> <div></div>

### 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,036.85	1,303.69
Total					13,036.85	1,303.69
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:

**CABIGTING, CLARISSE JANE JAMISON**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	424	302	489	0000
3	Payee's Name	CABLAYAN, MARJORIE ANN GODOY (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CABLAYAN, MARJORIE ANN GODOY**

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	153	458	040	0000
3	Payee's Name	CABUS, LEONORA GALOPE (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CABUS, LEONORA GALOPE**

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	432	514	924	0000
3	Payee's Name	CADISAL, LOURIE LEE DEMAGANTE (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

## CADISAL, LOURIE LEE DEMAGANTE

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	473	913	453	0000
3	Payee's Name	CAJIGAS, ALYZZA JOY SANTOS (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**CAJIGAS, ALYZZA JOY SANTOS**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 311 501 030 0000

3 Payee's Name → **CALINGASAN, CHRISTINE JOY PACPACO**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**CALINGASAN, CHRISTINE JOY PACPACO**

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)
<b>Part I Payee Information</b>											
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>496</div> <div>019</div> <div>761</div> <div>0000</div> </div>										
3 Payee's Name	CALONG, ARLYN YADAO <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		
<b>Payor Information</b>											
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	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>											
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				13,408.46	1,340.85					
<b>Total</b>					13,408.46	1,340.85					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
<b>Total</b>					-	-					
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.											
<b>JOCELYN P. BOBADILLA</b> Payor/Payor's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>		TIN of Signatory		Title/Position of Signatory							
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry							
<b>Conforme:</b> <b>CALONG, ARLYN YADAO</b> Payee/Payee's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>											
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	290		275		259		0000
3	Payee's Name	CANDELARIO, KARL PAOLO LORIEGA (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				24,340.38	2,434.04
<b>Total</b>					<b>24,340.38</b>	<b>2,434.04</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**CANDELARIO, KARL PAOLO LORIEGA**

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	→	409	384	696	0000
3	Payee's Name	→	CARAIG, SARAH JANE CUA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address	→	<div></div> <div>4A Zip Code</div> <div></div>			
5	Foreign Address	→	<div></div> <div>5A Zip Code</div> <div></div>			

## 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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CARAIG, SARAH JANE CUA**

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	<div>400</div> <div>409</div> <div>851</div> <div>0000</div>
3	Payee's Name	<div>CASTANEDA, EL MISSTIE DEL ROSARIO</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
4	Registered Address	<div></div> <div>4A Zip Code</div> <div></div>
5	Foreign Address	<div></div> <div>5A Zip Code</div> <div></div>

### 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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CASTANEDA, EL MISSTIE DEL ROSARIO**

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



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	259	331	111	0000
3	Payee's Name	CASTILLANO, BEVERLY ANNE ILAGAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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, BEVERLY ANNE ILAGAN**

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    (MM/DD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	477	424	020	0000
3	Payee's Name	CASTILLO, JOY DIEZ (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
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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				12,217.27	1,221.73
Total					12,217.27	1,221.73
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:

**CASTILLO, JOY DIEZ**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 309 404 012 0000

3 Payee's Name → **CASTILLO, LEVY ANN CHRISTIAN CORONEL**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CASTILLO, LEVY ANN CHRISTIAN CORONEL**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	220	541	065	0000
3	Payee's Name	CENTENO, MA CONSUELO CUASAY (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				26,875.45	2,687.55
Total					26,875.45	2,687.55
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:

**CENTENO, MA CONSUELO CUASAY**

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		318 399 198 0000												
3 Payee's Name		CHAN, JANSSEN RIO (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				26,878.00	2,687.80							
Total						26,878.00	2,687.80							
Money Payments Subject to Withholding of Business Tax (Government & Private)														
Total						-	-							
<p>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>														
<p><b>JOCELYN P. BOBADILLA</b> Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)</p>								<p>TIN of Signatory</p>		<p>Title/Position of Signatory</p>				
<p>Tax Agent Accreditation No./Attorney's Roll No. (if applicable)</p>								<p>Date of Issuance</p>		<p>Date of Expiry</p>				
<p>Conforme:</p>														
<p><b>CHAN, JANSSEN RIO</b> Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)</p>								<p>TIN of Signatory</p>		<p>Title/Position of Signatory</p>				
<p>Tax Agent Accreditation No./Attorney's Roll No. (if applicable)</p>								<p>Date of Issuance</p>		<p>Date of Expiry</p>				



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	447	554	838	0000
3	Payee's Name	CHU, ROD LLANES (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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CHU, ROD LLANES**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	484	477	384	0000
3	Payee's Name	CLATA, JANINE ANGELICA TORRES (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				13,370.28	1,337.03
Total					13,370.28	1,337.03
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:

**CLATA, JANINE ANGELICA TORRES**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	430	892	462	0000
3	Payee's Name	CLEMENTE, ACE VIRGIL FLORESCA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CLEMENTE, ACE VIRGIL FLORESCA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	275	674	329	0000
3	Payee's Name	COLINARES, FRANCIZ GATBONTON (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				26,267.14	2,626.71
Total					26,267.14	2,626.71
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:

**COLINARES, FRANCIZ GATBONTON**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	278	507	466	0000
3	Payee's Name	CONCEPCION, DARIAN SERGIO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CONCEPCION, DARIAN SERGIO**

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

TIN of Signatory

Title/Position of Signatory

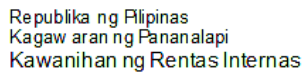
Date Signed \_\_\_\_\_

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

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# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1	For the Period From	<b>07</b>	<b>01</b>	<b>17</b>	(MM/DD/YY)	To	<b>07</b>	<b>31</b>	<b>17</b>	(MM/DD/YY)
<b>Part I Payee Information</b>										
2	Taxpayer Identification Number	<b>473</b>	<b>843</b>	<b>703</b>	<b>0000</b>					
3	Payee's Name	<b>CORNEJO, ANJENETTE VILLALUZ</b> <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	
<b>Payor Information</b>										
6	Taxpayer Identification Number	<b>437</b>	<b>135</b>	<b>027</b>	<b>0000</b>					
7	Payor's Name	<b>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</b> <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>								
8	Registered Address	<b>WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY</b>							8A Zip Code	<b>1550</b>
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>										
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				13,439.00	1,343.90				
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>				
Money Payments Subject to Withholding of Business Tax (Government & Private)										
<b>Total</b>					-	-				
<b>JOCELYN P. BOBADILLA</b> Payor/Payor's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>	TIN of Signatory	Title/Position of Signatory								
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry								
<b>CORNEJO, ANJENETTE VILLALUZ</b> Payee/Payee's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>	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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	416	966	131	0000
3	Payee's Name	CORONIA, SEIGE FRED RAMIREZ (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
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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				13,209.93	1,320.99
Total					13,209.93	1,320.99
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:

**CORONIA, SEIGE FRED RAMIREZ**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	125	525	061	0000
3	Payee's Name	CORTEZ, THEODORA VALENCIANO (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				26,878.00	2,687.80
<b>Total</b>					<b>26,878.00</b>	<b>2,687.80</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						

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:

**CORTEZ, THEODORA VALENCIANO**

**CORTEZ, THEODORA VALENCIANO**  
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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	475	079	834	0000
3	Payee's Name	CRUZ, NATHANIEL ELCID LIBUNAO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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, NATHANIEL ELCID LIBUNAO**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	437	794	876	0000
3	Payee's Name	CRUZ, REGINE ROLDAN (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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. REGINE ROLDAN**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	465	388	426	0000
3	Payee's Name	<b>CUDAL, MARC LOWELL FUCANAN</b> <i>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</i>			
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				13,400.82	1,340.08
Total					13,400.82	1,340.08
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:

**CUDAL. MARC LOWELL FUCANAN**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	224	938	870	0000
3	Payee's Name	CUEVAS, CLARISSA APETIN (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				13,418.64	1,341.86
Total					13,418.64	1,341.86
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:

**CUEVAS, CLARISSA APETIN**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	472	345	153	0000
3	Payee's Name	CUI, ANNA ROSE GELLANGA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**CUI. ANNA ROSE GELLANGA**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	445	104	212	0000
3	Payee's Name	CUSTORIO, RHYS ANN PASTOR (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**CUSTORIO, RHYS ANN PASTOR**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	317		231		267		0000
3	Payee's Name	DAMALIN, RACHEL GUNGRON						
		(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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DAMALIN, RACHEL GUNGON**

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)
<b>Part I Payee Information</b>									
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">426</div> <div style="border: 1px solid black; padding: 2px;">783</div> <div style="border: 1px solid black; padding: 2px;">107</div> <div style="border: 1px solid black; padding: 2px;">0000</div> </div>								
3 Payee's Name	<div style="border: 1px solid black; padding: 2px;">DAMOS, MA BITUIN CABAJES</div> <div style="font-size: 0.8em; text-align: center;">(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>								
4 Registered Address							4A Zip Code	<div style="display: flex; justify-content: space-between;"> <div style="width: 30px; height: 20px;"></div> <div style="width: 30px; height: 20px;"></div> <div style="width: 30px; height: 20px;"></div> </div>	
5 Foreign Address							5A Zip Code	<div style="display: flex; justify-content: space-between;"> <div style="width: 30px; height: 20px;"></div> <div style="width: 30px; height: 20px;"></div> <div style="width: 30px; height: 20px;"></div> </div>	
<b>Payor Information</b>									
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; text-align: center;">(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	<div style="display: flex; justify-content: space-between;"> <div style="width: 30px; height: 20px;"></div> <div style="width: 30px; height: 20px;"></div> <div style="width: 30px; height: 20px;"></div> </div> 1550	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>									
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				25,483.19	2,548.32			
<b>Total</b>					25,483.19	2,548.32			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
<b>Total</b>					-	-			
<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>									
<b>JOCELYN P. BOBADILLA</b> 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					
Conformer:									
<b>DAMOS, MA BITUIN CABAJES</b> 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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	476	363	499	0000
3	Payee's Name	DAP OG, MARY KNOLL MONTALBAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**DAP OG. MARY KNOLL MONTALBAN**

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 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	481	879	949	0000
3	Payee's Name	DAVID, MA THERESA MOYANO (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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DAVID, MA THERESA MOYANO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	452	104	166	0000
3	Payee's Name	DE CASTRO, BUDDY LOUIE GANTE (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

DE CASTRO, BUDDY LOUIE GANTE

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 496 047 225 0000

3 Payee's Name → **DE CASTRO, ERICK NICKO YOLA**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DE CASTRO, ERICK NICKO YOLA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	405	089	993	0000
3	Payee's Name	DE GUZMAN, MARIA ELENA SARMIENTO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

DE GUZMAN, MARIA ELENA SARMIENTO

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)
<b>Part I Payee Information</b>											
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div>405</div> <div>330</div> <div>180</div> <div>0000</div> </div>										
3 Payee's Name	DE GUZMAN, MICHAEL PAULO CALZADO <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		
<b>Payor Information</b>											
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	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>											
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				13,439.00	1,343.90					
<b>Total</b>					13,439.00	1,343.90					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
<b>Total</b>					-	-					
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.											
<b>JOCELYN P. BOBADILLA</b> Payor/Payor's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>		TIN of Signatory		Title/Position of Signatory							
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry							
<b>Conforme:</b> <b>DE GUZMAN, MICHAEL PAULO CALZADO</b> Payee/Payee's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>											
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry		Date Signed					



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	310	328	933	0000
3	Payee's Name	DE VELA, RALPH MICHAEL REGALA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DE VELA, RALPH MICHAEL REGALA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	461	856	100	0000
3	Payee's Name	DEAPER, KRISTINE JOY LOPERA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DEAPERA, KRISTINE JOY LOPERA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 475 187 860 0000

3 Payee's Name → **DEAZETA, REYNALDO JR DELA PAZ**  
(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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DEAZETA. REYNALDO JR DELA PAZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	278	532	067	0000
3	Payee's Name	DEIPARINE, DOMINIC GATLABAYAN (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DEIPARINE, DOMINIC GATLABAYAN**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	416	472	124	0000
3	Payee's Name	DEL ROSARIO, RITCHELL BALDIVIA (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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DEL ROSARIO, RITCHELL BALDIVIA**

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	476	581	028	0000
3	Payee's Name	DELA CRUZ, KRISTINE FERNANDEZ (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
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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				4,074.97	407.50
Total					4,074.97	407.50
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, KRISTINE FERNANDEZ**

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	463	555	290	0000
3	Payee's Name	DELA CRUZ, MARIA CHRISTINA GALVEZ (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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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, MARIA CHRISTINA GALVEZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	260	476	600	0000
3	Payee's Name	DELA CRUZ, PILAR LUZ PEREZ (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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, PILAR LUZ PEREZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	200	640	959	0000
3	Payee's Name	DELDA, CECELIA GLENETH LOBO (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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DELDA, CECELIA GLENETH LOBO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	251	395	294	0000
3	Payee's Name	DELOS REYES, JOSELITO JR COLLADO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DELOS REYES, JOSELITO JR COLLADO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	403	207	370	0000
3	Payee's Name	DELOS REYES, MARINOR APAREJADO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DELOS REYES, MARINOR APAREJADO**

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	476	999	026	0000
3	Payee's Name	DELOS SANTOS, SHYLENE FERRER (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DELOS SANTOS, SHYLENE FERRER**

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	451	365	449	0000
3	Payee's Name	DEOCALES, JENNELYN GELBAS (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DEOCALES, JENNELYN GELBAS**

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 → 481 573 744 0000

3 Payee's Name → **DEVERA, CATALINO ROSARIO**  
(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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DEVERA. CATALINO ROSARIO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	285	172	778	0000
3	Payee's Name	DIMAS, PAUL VINCENT DAET (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DIMAS, PAUL VINCENT DAET**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	→	404		580		625		0000		
3	Payee's Name	→	DIVINO, CATHY PINEDA								
			(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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**DIVINO, CATHY PINEDA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	276	583	688	0000
3	Payee's Name	DOLLAR, MAGNOLIA 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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DOLLAR. MAGNOLIA 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 318 410 719 0000

3 Payee's Name → **DOMINGO, MA SHANE MAY CARO**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,811.82	2,681.18
Total					26,811.82	2,681.18
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:

**DOMINGO, MA SHANE MAY CARO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	433	352	302	0000
3	Payee's Name	DOMINGUEZ, JEZREEL ESCUBIDO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DOMINGUEZ, JEZREEL ESCUBIDO**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	297	034	251	0000
3	Payee's Name	DUCAY, MARY JOY DOCTOR (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
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79	80	81
82	83	84
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103	104	105
106	107	108
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238	239	240
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250	251	252
253	254	255
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DUCAY, MARY JOY DOCTOR**

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		897		999		0000
3	Payee's Name	DUMADARA, JESSA CURITANA (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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**DUMADARA, JESSA CURITANA**

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 → 463 603 274 0000

3 Payee's Name → **DUMLAO, CLAUDINE PRECIOSA SALAMANCA**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**DUMLAO, CLAUDINE PRECIOSA SALAMANCA**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	288	252	836	0000
3	Payee's Name	DURIAN, MYLEEN BIELZA (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	Monthly income payments received from all sources
2	Tax withheld from monthly income payments
3	Total tax withheld from monthly income payments
4	Refund of excess withholding
5	Net amount received from monthly income payments
6	Amount paid for federal income taxes during quarter
7	Amount paid for state income taxes during quarter
8	Amount paid for local income taxes during quarter
9	Amount paid for other taxes during quarter
10	Total amount paid for income taxes during quarter
11	Amount paid for federal income taxes during quarter (if different from line 6)
12	Amount paid for state income taxes during quarter (if different from line 7)
13	Amount paid for local income taxes during quarter (if different from line 8)
14	Amount paid for other taxes during quarter (if different from line 9)
15	Total amount paid for income taxes during quarter (if different from line 10)
16	Amount paid for federal income taxes during quarter (if different from line 11)
17	Amount paid for state income taxes during quarter (if different from line 12)
18	Amount paid for local income taxes during quarter (if different from line 13)
19	Amount paid for other taxes during quarter (if different from line 14)
20	Total amount paid for income taxes during quarter (if different from line 15)

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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**DURIAN, MYLEEN BIELZA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	423	277	442	0000
3	Payee's Name	EBUEN, JESSICA MAE KEH (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				12,217.27	1,221.73
Total					12,217.27	1,221.73
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:

**EBUEN, JESSICA MAE KEH**

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> <div>438</div> <div>486</div> <div>966</div> <div>0000</div> </div>
3	Payee's Name	<div>EGUICO, REMIROSE NIETES</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
4	Registered Address	<div></div> <div>4A Zip Code</div> <div></div>
5	Foreign Address	<div></div> <div>5A Zip Code</div> <div></div>

## 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

## EGUICO, REMIROSE NIETES

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	286	244	878	0000
3	Payee's Name	ENRILE, CHRISTIAN MENONCIA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ENRILE, CHRISTIAN MENONCIA**

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	332	030	258	0000
3	Payee's Name	ENTERIA, SEAN MALCOLM MANDA (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				23,454.62	2,345.46
Total					23,454.62	2,345.46
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:

**ENTERIA, SEAN MALCOLM MANDA**

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	295	370	978	0000
3	Payee's Name	ESGUERRA, JED BARNETTE CASTRO (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**ESGUERRA. JED BARNETTE CASTRO**

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	433	390	242	0000
3	Payee's Name	<b>ESPANOL, MARK JOSEPH CABELIN</b> <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>			
4	Registered Address				<b>4A</b> Zip Code <input type="text"/>
5	Foreign Address				<b>5A</b> Zip Code <input type="text"/>

### 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ESPAÑOL, MARK JOSEPH CABELIN**

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
--------	-------------------

<b>2</b>	Taxpayer Identification Number	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>3</b>	Payee's Name	<div style="border: 1px solid black; padding: 5px;">ESTANISLAO, RALPH RYAN L <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small></div>	
<b>4</b>	Registered Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>4A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>
<b>5</b>	Foreign Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>5A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>

### 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

[illegible]

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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**ESTANISLAO, RALPH RYAN L**

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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MMDD/YY)

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

2	Taxpayer Identification Number	458	747	027	0000
3	Payee's Name	ESTILLERO, SHEENA MAVERICK ALENMEL GALILA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ESTILLERO, SHEENA MAVERICK ALENMEL GALILA**

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	243	954	215	0000
3	Payee's Name	ESTRADA, GLESILDA BULATAO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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. GLESILDA BULATAO**

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	218	119	905	0000
3	Payee's Name	EUGENIO, CARLA RUBLICO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,413.55	1,341.36
Total					13,413.55	1,341.36
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:

**EUGENIO, CARLA RUBLICO**

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	338	434	0000
3	Payee's Name	EVANGELISTA, IVY VELASCO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**EVANGELISTA, IVY VELASCO**

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 → 312 672 958 0000

3 Payee's Name → **EVANGELISTA, ROXANNE JEAN LOBO**  
(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
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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				26,839.82	2,683.98
<b>Total</b>					<b>26,839.82</b>	<b>2,683.98</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**EVANGELISTA, ROXANNE JEAN LOBO**

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	231	668	832	0000
3	Payee's Name	FAMARAN, MONA LIZA KENIO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,436.45	1,343.65
Total					13,436.45	1,343.65
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:

**FAMARAN, MONA LIZA KENIO**

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 → 443 677 179 0000

3 Payee's Name → **FERNANDEZ, FAITH ANGELINE CUYUGAN**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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, FAITH ANGELINE CUYUGAN**

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	235	052	196	0000
3	Payee's Name	FILOMENO, ODIELON CAPISTRANO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,418.64	1,341.86
Total					13,418.64	1,341.86
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:

**FILOMENO, ODIELON CAPISTRANO**

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	296	039	386	0000
3	Payee's Name	FIRMALINO, MARIA SOPHIA PARULAN (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				25,656.27	2,565.63
Total					25,656.27	2,565.63
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:

**FIRMALINO, MARIA SOPHIA PARULAN**

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	481	574	021	0000
3	Payee's Name	GABRIEL, CATHERINE ANGEL (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**GABRIEL, CATHERINE ANGEL**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 191 402 789 0000

3 Payee's Name → **GALAM, RICHARD BARUT**  
(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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**GALAM, RICHARD BARUT**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	464	922	981	0000
3	Payee's Name	GANANCIAS, SHYRA 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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**GANANCIAS. SHYRA 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	451	988	705	0000
3	Payee's Name	GEGATO, ELLA MARIE TORALBALLA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**GEGATO, ELLA MARIE TORALBALLA**

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	286	737	0000
3	Payee's Name	GO, NOEL JR ABUAN (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**GO, NOEL JR ABUAN**

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	288	900	658	0000
3	Payee's Name	GODOY, MELANIE UMALI (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**GODOY, MELANIE UMALI**

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	496	504	0000
3	Payee's Name	GOMEZ, DAN ISTURIS (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				40,317.00	4,031.70
Total					40,317.00	4,031.70
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:

**GOMEZ, DAN ISTURIS**

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	234	899	894	0000
3	Payee's Name	GONZALES, ALF JASPER LUMABI (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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**GONZALES. ALF JASPER LUMABI**

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
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2 Taxpayer Identification Number → 422 982 359 0000

3 Payee's Name → **GONZALES, EDWARD EARL 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	<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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**GONZALES, EDWARD EARL 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	303	800	960	0000
3	Payee's Name	GONZALES, MARIA NOELYN 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				10,791.93	1,079.19
Total					10,791.93	1,079.19
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**GONZALES, MARIA NOELYN DELA CRUZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 472 877 497 0000

3 Payee's Name → **GUARIN, JOHN ANTHONY BRIGINO**  
(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
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**GUARIN. JOHN ANTHONY BRIGINO**

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	212	129	187	0000
3	Payee's Name	GUMAPAS, ALBERT JR 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	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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**GUMAPAS, ALBERT JR 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	312	449	488	0000
3	Payee's Name	GUTIERREZ, MARIA REGINA MAPPALA (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				11,878.75	1,187.88
Total					11,878.75	1,187.88
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:

**GUTIERREZ, MARIA REGINA MAPPALA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	298	160	239	0000
3	Payee's Name	HAGURING, LEMUEL PILONGO (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				24,434.55	2,443.46
Total					24,434.55	2,443.46
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:

**HAGURING, LEMUEL PILONGO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	477	082	779	0000
3	Payee's Name	HERNANDEZ, KATHRINA MARIE 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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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, KATHRINA MARIE 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	431	423	257	0000
3	Payee's Name	HERRERA, KRIZELLE MARIE EUSTAQUIO (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**HERRERA, KRIZELLE MARIE EUSTAQUIO**

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 → 466 812 640 0000

3 Payee's Name → **INOSANTO, FEBIE ADARINO**  
(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
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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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**INOSANTO, FEBIE ADARINO**

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	484	847	614	0000
3	Payee's Name	JALLA, JELLY JANE PERMALINO (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				13,339.73	1,333.97
Total					13,339.73	1,333.97
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:

**JALLA, JELLY JANE PERMALINO**

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)
<b>Part I Payee Information</b>									
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">406</div> <div style="border: 1px solid black; padding: 2px;">848</div> <div style="border: 1px solid black; padding: 2px;">563</div> <div style="border: 1px solid black; padding: 2px;">0000</div> </div>								
3 Payee's Name	<div style="border: 1px solid black; padding: 2px;">JAMER, AIRENE ALTAR</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		
<b>Payor Information</b>									
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	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>									
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				26,878.00	2,687.80			
<b>Total</b>					<b>26,878.00</b>	<b>2,687.80</b>			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
<b>Total</b>					-	-			
<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>									
<b>JOCELYN P. BOBADILLA</b> 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					
Conformer:									
<b>JAMER, AIRENE ALTAR</b> 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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	310	485	806	0000
3	Payee's Name	JARENO, JOSHUA MARI ATIENZA (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
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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				12,456.53	1,245.65
Total					12,456.53	1,245.65
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:

**JARENO, JOSHUA MARI ATIENZA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	187	780	624	0000
3	Payee's Name	JAYNARIO, BEVERLY RAYMUNDO (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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**JAYNARIO, BEVERLY RAYMUNDO**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	284	491	727	0000
3	Payee's Name	JIMENEZ, KRIS MARJORIE MOGUEIS (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**JIMENEZ, KRIS MARJORIE MOGUEIS**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	497	819	796	0000
3	Payee's Name	KALAW, ANA LIZA LOPEZ (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				26,872.91	2,687.29
Total					26,872.91	2,687.29
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:

**KALAW. ANA LIZA LOPEZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	439	676	184	0000
3	Payee's Name	KHO, JOHN EMERSON 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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**KHO, JOHN EMERSON 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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	416	472	212	0000
3	Payee's Name	LARIOS, SEAN CARLO VERA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LARIOS, SEAN CARLO VERA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 402 708 196 0000

3 Payee's Name → **LAROSA, MELISSA CORINNE SALINAS**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LAROSA, MELISSA CORINNE SALINAS**

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	431 783 853 0000									
3 Payee's Name	LAUREL, IVY LAARNI DERAY <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	437 135 027 0000									
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				13,439.00	1,343.90			
Total						13,439.00	1,343.90			
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:										
LAUREL, IVY LAARNI DERAY Payee/Payee'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



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	446	219	480	0000
3	Payee's Name	LAZARO, JERINYL VILLANUEVA (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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LAZARO. JERINYL VILLANUEVA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	433	400	839	0000
3	Payee's Name	LAZARO, JOSEFA GASPAR (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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LAZARO. JOSEFA GASPAR**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	400	509	518	0000
3	Payee's Name	LEGASPI, HERMINIO JR CADETE (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LEGASPI, HERMINIO JR CADETE**

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	169	063	652	0000
3	Payee's Name	LEYCO, FELIX JR CABALNO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**LEYCO, FELIX JR CABALNO**

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	432	488	727	0000
3	Payee's Name	LI, KIM CHAELINE SALVADOR (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**LI. KIM CHAELINE SALVADOR**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	293	585	793	0000
3	Payee's Name	LINSANGAN, NICA ROSE MALABANAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**LINSANGAN, NICA ROSE MALABANAN**

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 → 281 113 073 0000

3 Payee's Name → **LIQUIDO, ARTHUR RICHMOND ALDEA**  
(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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LIQUIDO, ARTHUR RICHMOND ALDEA**

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	944	173	0000
3	Payee's Name	LOPEZ, ERROL RISANTI 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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LOPEZ, ERROL RISANTI 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



# 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	459	131	331	0000
3	Payee's Name	LOPEZ, KARYLL ROIE QUERIJERO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**LOPEZ, KARYLL ROIE QUERIJERO**

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	459	832	530	0000
3	Payee's Name	LOPEZ, MARCO ANGELO CORTEZ (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LOPEZ, MARCO ANGELO CORTEZ**

\_\_\_\_\_  
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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	453	091	430	0000
3	Payee's Name	LORENZO, DARYLEEN GLORIOSO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**LORENZO, DARYLEEN GLORIOSO**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	416	002	726	0000
3	Payee's Name	LORONO, MYLENE BRILLO (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				13,418.64	1,341.86
Total					13,418.64	1,341.86
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:

**LORONO, MYLENE BRILLO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 447 178 952 0000

3 Payee's Name → **LUCES, MARY ROSE SALIENTES**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**LUCES, MARY ROSE SALIENTES**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 289 054 845 0000

3	Payee's Name	MACAPAGAL, MARIAN THERESE CALUMA
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(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MACAPAGAL, MARIAN THERESE CALUMA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	307	634	561	0000
3	Payee's Name	MADELO, CATHERINE ANN MURILLO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MADELO, CATHERINE ANN MURILLO**

**MARLENE, CATHERINE ANN MORIELLO**  
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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	473	091	250	0000
3	Payee's Name	MAGNAYON, CHERRY MAY 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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**MAGNAYON, CHERRY MAY 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	443	258	280	0000
3	Payee's Name	MAGNO, LARRY JOE FERNANDEZ (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MAGNO, LARRY JOE FERNANDEZ**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 440 956 957 0000

3 Payee's Name → **MAGSARILI, CHIARA MANAPAT**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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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				12,217.27	1,221.73
Total					12,217.27	1,221.73
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:

**MAGSARILI, CHIARA MANAPAT**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	481	388	216	0000
3	Payee's Name	MAHINAY, AIMI AUTOR (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MAHINAY, AIMI AUTOR**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	492	748	725	0000
3	Payee's Name	MALEJANA, RUEL JR DE HITTA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MALEJANA, RUEL JR DE HITTA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	468	104	424	0000
3	Payee's Name	MAMARIL, CRISTINA MORECHO (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				26,819.46	2,681.95
Total					26,819.46	2,681.95
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:

**MAMARIL, CRISTINA MORECHO**

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	864	272	0000
3	Payee's Name	MANOZA, KARREN DIONISIO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,228.96	2,622.90
Total					26,228.96	2,622.90
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:

**MANOZA, KARREN DIONISIO**

MANOZA, KAREN DIONISIO  
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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	283	059	064	0000
3	Payee's Name	MARCELO, ANA ADRIAH MANIGBAS (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				13,329.55	1,332.96
Total					13,329.55	1,332.96
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:

**MARCELO, ANA ADRIAH MANIGBAS**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	222	122	075	0000
3	Payee's Name	MARSADA, JACQUELINE PALOMA (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**MARSADA, JACQUELINE PALOMA**

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	213		829		003		0000
3	Payee's Name	MARTINEZ, ALEXIE CARGULLO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,256.96	2,625.70
Total					26,256.96	2,625.70
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:

**MARTINEZ, ALEXIE CARGULLO**

**MARTINEZ, ALEXIE CARGOLLO**  
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	667	915	0000
3	Payee's Name	<b>MEDIANA, NIKKA MAE LORENZO</b> <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>			
4	Registered Address				<b>4A</b> Zip Code <input type="text"/>
5	Foreign Address				<b>5A</b> Zip Code <input type="text"/>

### 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MEDIANA, NIKKA MAE LORENZO**

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	<b>07</b>	<b>01</b>	<b>17</b>	(MM/DD/YY)	To	<b>07</b>	<b>31</b>	<b>17</b>	(MM/DD/YY)
<b>Part I Payee Information</b>										
2	Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <span><b>312</b></span> <span><b>788</b></span> <span><b>143</b></span> <span><b>0000</b></span> </div>								
3	Payee's Name	<b>MEDINA, KIMBERLY GALE DELA VEGA</b> <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	
<b>Payor Information</b>										
6	Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <span><b>437</b></span> <span><b>135</b></span> <span><b>027</b></span> <span><b>0000</b></span> </div>								
7	Payor's Name	<b>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</b> <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>								
8	Registered Address	<b>WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY</b>							8A Zip Code	<b>1550</b>
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>										
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				13,439.00	1,343.90			
<b>Total</b>						<b>13,439.00</b>	<b>1,343.90</b>			
Money Payments Subject to Withholding of Business Tax (Government & Private)										
<b>Total</b>						-	-			
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.										
<b>JOCELYN P. BOBADILLA</b>										
Payor/Payor's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>			TIN of Signatory		Title/Position of Signatory					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)			Date of Issuance		Date of Expiry					
Conforme:										
<b>MEDINA, KIMBERLY GALE DELA VEGA</b>										
Payee/Payee's Authorized Representative/Accredited Tax Agent <small>(Signature Over Printed Name)</small>			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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	<div>434</div> <div>304</div> <div>159</div> <div>0000</div>
3	Payee's Name	<div>MELENCIO, PRINCESS JOY VERGARA</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
4	Registered Address	<div></div> <div>4A Zip Code</div> <div></div>
5	Foreign Address	<div></div> <div>5A Zip Code</div> <div></div>

### 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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MELENCIO, PRINCESS JOY VERGARA**

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 → 433 946 652 0000

3 Payee's Name → **MENDOZA, MA JESSICA POLICAR**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				13,421.18	1,342.12
Total					13,421.18	1,342.12
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:

**MENDOZA. MA JESSICA POLICAR**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	313		851		410		0000
3	Payee's Name	MICIANO, ALEXIS CHARLA LOVERIA (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**MICIANO, ALEXIS CHARLA LOVERIA**

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	450	737	056	0000
3	Payee's Name	MIRANDA, CAMILLE JOY ESTRADA (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				26,267.14	2,626.71
Total					26,267.14	2,626.71
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:

**MIRANDA, CAMILLE JOY ESTRADA**

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	412	357	341	0000
3	Payee's Name	MIRANDA, JOHN MARTIN PANGANIBAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**MIRANDA, JOHN MARTIN PANGANIBAN**

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	418	659	893	0000
3	Payee's Name	MIRONTOS, EDRALENE CABATIC (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				12,217.27	1,221.73
Total					12,217.27	1,221.73
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:

**MIRONTOS, EDRALENE CABATIC**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	268	917	890	0000
3	Payee's Name	MOGOL, MARIA THERESA JUDLOMAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MOGOL, MARIA THERESA JUDLOMAN**

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	934	364	743	0000
3	Payee's Name	MOLINA, GERALDINE SALAZAR (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				12,168.91	1,216.89
Total					12,168.91	1,216.89
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:

**MOLINA, GERALDINE SALAZAR**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	330	214	768	0000
3	Payee's Name	MONTERO, ALMIRA BELLE MENDRANO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**MONTERO, ALMIRA BELLE MENDRANO**

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	309	357	606	0000
3	Payee's Name	MONTROYA, DANICA CASI (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**MONTOYA, DANICA CASI**

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	308 944 921 0000									
3 Payee's Name	MORALES, JESSICA ANNE LAMPA <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	437 135 027 0000									
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				13,439.00	1,343.90			
Total						13,439.00	1,343.90			
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:										
MORALES, JESSICA ANNE LAMPA 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	415	974	842	0000
3	Payee's Name	NACION, AERIS JANICE DUBLADO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**NACION, AERIS JANICE DUBLADO**

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	262	584	960	0000
3	Payee's Name	NATIVIDAD, ARLENE QUEBRAL (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**NATIVIDAD, ARLENE QUEBRAL**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 293 554 352 0000

3 Payee's Name → **NAVARRO, MAROU LYNETTE DE GUZMAN**  
(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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**NAVARRO, MAROU LYNETTE DE GUZMAN**

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	254	311	978	0000
3	Payee's Name	NIEGAS, AMOR ALDEA (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**NIEGAS, AMOR ALDEA**

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	529	801	0000
3	Payee's Name	NOCUM, JOHN PAUL NICKO CANLAS (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**NOCUM, JOHN PAUL NICKO CANLAS**

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	296	045	649	0000
3	Payee's Name	OBIEEN, JEAN FORNTEVEROS (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**OBIEN, JEAN FORNTEVEROS**

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	476	951	176	0000
3	Payee's Name	ORENDAIN, MAJENDY SALONGA (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**ORENDAIN, MAJENDY SALONGA**

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	418	815	416	0000
3	Payee's Name	ORTEGA, MARIA ROXANNE BUAN (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**ORTEGA, MARIA ROXANNE BUAN**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	436	923	651	0000
3	Payee's Name	PADILLA, BERNARD ELIAS MACEDA (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				13,349.92	1,334.99
Total					13,349.92	1,334.99
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:

**PADILLA, BERNARD ELIAS MACEDA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	419	123	233	0000
3	Payee's Name	PADILLA, VANESSA SICAT (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**PADILLA, VANESSA SICAT**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	104	792	562	0000
3	Payee's Name	PAGSUYOIN, MA LUISA ALBA (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,408.46	1,340.85
Total					13,408.46	1,340.85
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:

**PAGSUYOIN, MA LUISA ALBA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	463	601	351	0000
3	Payee's Name	PALAYAR, JOCELYN PALO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PALAYAR, JOCELYN PALO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 278 676 520 0000

3 Payee's Name → **PALENCIA, SAMANTHA GEORGIA PINEDA**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**PALENCIA, SAMANTHA GEORGIA PINEDA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 297 145 871 0000

3 Payee's Name → **PAMBID, RACQUEL ESPIRITU**  
(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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PAMBID. RACQUEL ESPIRITU**

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	290	229	717	0000
3	Payee's Name	PANGAN, CRISELDA CALVADORES (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PANGAN, CRISELDA CALVADORES**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 457 099 910 0000

3 Payee's Name → **PANGANIBAN, LOWELLA VINO**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**PANGANIBAN, LOWELLA VINO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	433	400	618	0000
3	Payee's Name	PAREJA, APRIL SENGCO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PAREJA, APRIL SENGCO**

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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 317 827 455 0000

3 Payee's Name → **PASTOLERO, KRISTOFER KIM MASCARINA**  
(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
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**PASTOLERO, KRISTOFER KIM MASCARINA**

TIN of Signatory

Title/Position of Signatory

Date Signed \_\_\_\_\_

Payee/Payee's Authorized Representative/Accredited Representative  
(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	350	508	0000
3	Payee's Name	PASTOR, NANCY BANANCILA (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**PASTOR. NANCY BANANCILA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	440	736	996	0000
3	Payee's Name	PATALINGHUG, KNOLIEL MISTY RAMOS (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**PATALINGHUG, KNOLIEL MISTY RAMOS**

TIN of Signatory

Title/Position of Signatory

Date Signed \_\_\_\_\_

Payee/Payee's Authorized Representative/Accredited Representative  
(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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	446	783	929	0000
3	Payee's Name	PAULINO, ANGELO NAZARENE SABADO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PAULINO, ANGELO NAZARENE SABADO**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	310	205	972	0000
3	Payee's Name	PAULINO, JOHN PAUL RIMANDO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PAULINO, JOHN PAUL RIMANDO**

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	433	645	878	0000
3	Payee's Name	PAYAWAL, DONNA CALMA (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PAYAWAL, DONNA CALMA**

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)	
<b>Part I Payee Information</b>												
2 Taxpayer Identification Number		<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 2px;"> <span>316</span><span>032</span><span>115</span><span>0000</span> </div>										
3 Payee's Name		<div style="border-bottom: 1px solid black; padding-bottom: 2px;">PERALES, MA CAROLINA FAILANO</div> <div style="font-size: 0.8em; color: gray;">(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		
<b>Payor Information</b>												
6 Taxpayer Identification Number		<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 2px;"> <span>437</span><span>135</span><span>027</span><span>0000</span> </div>										
7 Payor's Name		<div style="border-bottom: 1px solid black; padding-bottom: 2px;">CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div style="font-size: 0.8em; color: gray;">(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
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>												
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				13,439.00	1,343.90					
<b>Total</b>						13,439.00	1,343.90					
Money Payments Subject to Withholding of Business Tax (Government & Private)												
<b>Total</b>						-	-					
<p style="font-size: 0.8em; color: gray;">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>												
<b>JOCELYN P. BOBADILLA</b> 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: <b>PERALES, MA CAROLINA FAILANO</b> Payee/Payee'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						



# 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	<div>463</div> <div>524</div> <div>694</div> <div>0000</div>
3	Payee's Name	<div>PEREGRINO, FARAH JAY CAMINONG</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
4	Registered Address	<div></div> <div>4A Zip Code</div> <div></div>
5	Foreign Address	<div></div> <div>5A Zip Code</div> <div></div>

## 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**PEREGRINO, FARAH JAY CAMINONG**

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	540	450	0000
3	Payee's Name	POTESTAD, MHYL ZHELA VIE 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
---------	--	---

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**POTESTAD, MHYL ZHELA VIE 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
----	----	----

 (MM/DD/YY)

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

2	Taxpayer Identification Number	314	106	465	0000
3	Payee's Name	PRESALDO, ROSE MAE ANDANAR (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				13,405.91	1,340.59
Total					13,405.91	1,340.59
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:

**PRESALDO, ROSE MAE ANDANAR**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	406	969	343	0000
3	Payee's Name	PUNO, ELOUJANE JOY BABAILAN (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**PUNO, ELOUJANE JOY BABAILAN**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 470 329 315 0000

3	Payee's Name	QUIJENCIO, ANDREA JONNELLE ESPINOSA
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(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,431.36	1,343.14
Total					13,431.36	1,343.14
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:

**QUIJENCIO, ANDREA JONNELLE ESPINOSA**

TIN of Signatory

Title/Position of Signatory

Date Signed \_\_\_\_\_

(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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	428	527	663	0000
3	Payee's Name	<b>RANA, MARICAR DIMAPASOC</b> <i>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</i>			
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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**RANA. MARICAR DIMAPASOC**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	463		591		321		0000
3	Payee's Name	REBOLDELA, KARL MARX ASILDO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**REBOLDELA, KARL MARX ASILDO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	411	583	188	0000
3	Payee's Name	REMON, REGINE 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				25,241.39	2,524.14
Total					25,241.39	2,524.14
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:

**REMON, REGINE 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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	441	624	083	0000
3	Payee's Name	RESUMA, CELLENE JAMITO (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				25,450.10	2,545.01
Total					25,450.10	2,545.01
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:

**RESUMA, CELLENE JAMITO**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	440	113	389	0000
3	Payee's Name	REVOCAL, JRETHEL JHEAN QUINONES (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**REVOCAL, JRETHEL JHEAN QUINONES**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	924	043	338	0000
3	Payee's Name	REYES, JENNIFER JOY RAMOS (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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, JENNIFER JOY RAMOS**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	276	773	757	0000
3	Payee's Name	REYES, RICHARD LEO GUILLERMO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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, RICHARD LEO GUILLERMO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	418	077	755	0000
3	Payee's Name	REYES, ROMIL ANNE REMOT (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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, ROMIL ANNE REMOT**

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

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2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	434	948	242	0000
3	Payee's Name	RINGOR, FRANCES PAULETTE CALZADO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**RINGOR, FRANCES PAULETTE CALZADO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	475	357	268	0000
3	Payee's Name	ROBEL, CLOBERT JR MANZANO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ROBEL, CLOBERT JR MANZANO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	433	513	199	0000
3	Payee's Name	ROSAL, BLESSYBELLE MASIAS (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**ROSAL, BLESSYBELLE MASIAS**

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	269	920	502	0000
3	Payee's Name	RUBIO, JUAN CARLO ARUCAN (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**RUBIO. JUAN CARLO ARUCAN**

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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MMDD/YY)

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

2	Taxpayer Identification Number	441	511	709	0000
3	Payee's Name	RUIZ, MICHAEL DAVID SAN AGUSTIN (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**RUIZ, MICHAEL DAVID SAN AGUSTIN**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	286	416	620	0000
3	Payee's Name	<b>SAAVEDRA, MELBET LAUZON</b> (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**SAAVEDRA, MELBET LAUZON**

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	281	094	059	0000
3	Payee's Name	SAN MIGUEL, HELEN KERRY LABARO (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				24,297.11	2,429.71
<b>Total</b>					<b>24,297.11</b>	<b>2,429.71</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**SAN MIGUEL, HELEN KERRY LABARO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	305	934	955	0000
3	Payee's Name	SANDOVAL, FRANCES ANN SANTOS (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**SANDOVAL, FRANCES ANN SANTOS**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	412		457		476		0000
3	Payee's Name	SANDOVAL, KATHRINE PINKY CASTILLO (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				26,748.19	2,674.82
Total					26,748.19	2,674.82
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:

**SANDOVAL, KATHRINE PINKY CASTILLO**

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



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	312	985	497	0000
3	Payee's Name	SANOSA, PEARL ANN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**SANOSA, PEARL 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 → 409 996 103 0000

3 Payee's Name → **SANTIAGO, RENZ MARLON DAVID**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**SANTIAGO, RENZ MARLON DAVID**

**SANTIAGO, RENZ MARLEON DAVID**  
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	224	694	891	0000
3	Payee's Name	SARMIENTO, DONNA EDLES (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				26,872.91	2,687.29
Total					26,872.91	2,687.29
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:

**SARMIENTO, DONNA EDLES**

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	308	256	444	0000
3	Payee's Name	SAYNO, MARK ANTHONY ALMEIDA (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**SAYNO, MARK ANTHONY ALMEIDA**

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	400	484	376	0000
3	Payee's Name	SIGGAYO, MICHELLE PAULA ZINAMPAN (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**SIGGAYO, MICHELLE PAULA ZINAMPAN**

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	422	887	205	0000
3	Payee's Name	SILVA, BOBBET PALOMA (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**SILVA, BOBBET PALOMA**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	307	675	577	0000
3	Payee's Name	SOLIS, GUILLER MONTILLA (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				26,816.91	2,681.69
Total					26,816.91	2,681.69
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:

**SOLIS. GUILLER MONTILLA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	496	343	505	0000
3	Payee's Name	SONES, MARIA LOLITA MONSAYAC (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				13,260.83	1,326.08
Total					13,260.83	1,326.08
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:

**SONES, MARIA LOLITA MONSAYAC**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	415	638	789	0000
3	Payee's Name	SONGALIA, ROBERT JR MEJARES (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**SONGALIA, ROBERT JR MEJARES**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	299	268	150	0000
3	Payee's Name	SOTTO, ARMI LOPEZ (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**SOTTO, ARMI LOPEZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	402	343	515	0000
3	Payee's Name	SUBA AN, MARK ANTHONY VILLASIN (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**SUBA AN, MARK ANTHONY VILLASIN**

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	433	712	485	0000
3	Payee's Name	TABERNA, DEN ARKLON BINUYA (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

## TABERNA, DEN ARKLON BINUYA

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	432	855	994	0000
3	Payee's Name	TABUZO, MAREIA CHERRIE MAYORES (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**TABUZO, MAREIA CHERRIE MAYORES**

**TABOZO, MARIA CHERIE MATORES**  
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	221	182	540	0000
3	Payee's Name	TADIOS, MA. LOUTHELMA FELICIANO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**TADIOS, MA. LOUTHELMA FELICIANO**

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	404	463	0000
3	Payee's Name	TAMAYO, JEROME BORLONGAN (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**TAMAYO, JEROME BORLONGAN**

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)
<b>Part I Payee Information</b>									
2 Taxpayer Identification Number	271	306	202	0000					
3 Payee's Name	TERUEL, JOHN MICHAEL ALANO <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		
<b>Payor Information</b>									
6 Taxpayer Identification Number	437	135	027	0000					
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	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>									
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				26,878.00	2,687.80			
<b>Total</b>					26,878.00	2,687.80			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
<b>Total</b>					-	-			
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.									
<b>JOCELYN P. BOBADILLA</b> 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:									
<b>TERUEL, JOHN MICHAEL ALANO</b> 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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	500	525	259	0000
3	Payee's Name	TIMOG, RICHELLE FRANCISCO (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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**TIMOG, RICHELLE FRANCISCO**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	446	720	940	0000
3	Payee's Name	TONQUIN, LOUREE VIC SUBEBE (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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**TONQUIN, LOUREE VIC SUBEBE**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	313	112	062	0000
3	Payee's Name	TRIVILLO, JANLY DESAMPARADO (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**TRIVILLO, JANLY DESAMPARADO**

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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2 Taxpayer Identification Number → 481 573 501 0000

3	Payee's Name	TUBBALI, MICHELLE ANGELICA ARELLANO
---	--------------	-------------------------------------

(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**TUBBALI, MICHELLE ANGELICA ARELLANO**

TIN of Signatory

Title/Position of Signatory

Date Signed \_\_\_\_\_

Payee/Payee's Authorized Representative/Accredited Representative  
(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
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	160	581	058	0000
3	Payee's Name	TURK, MINERVA IGAMA (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				23,212.82	2,321.28
Total					23,212.82	2,321.28
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:

**TURK. MINERVA IGAMA**

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	434	347	0000
3	Payee's Name	TUTAAN, JOHN JOHNINE PUROC (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**TUTAAN, JOHN JOHNNINE PUROC**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	313	972	520	0000
3	Payee's Name	<b>UNCIANO, JANELLE ZYRA GONZAGA</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address				<b>4A</b> Zip Code <input type="text"/>
5	Foreign Address				<b>5A</b> Zip Code <input type="text"/>

### 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	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
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157	158	159
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169	170	171
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175	176	177
178	179	180
181	182	183
184	185	186
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193	194	195
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205	206	207
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**UNCIANO, JANELLE ZYRA GONZAGA**

\_\_\_\_\_  
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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 415 997 807 0000

3 Payee's Name → **URCIA, MARIA CORAZON RUIZ**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**URCIA, MARIA CORAZON RUIZ**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	469	313	310	0000
3	Payee's Name	URENA, ARRABELLE 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	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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**URENA, ARRABELLE 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 → 463 563 527 0000

3 Payee's Name → **VALDEZ, CHARMAGNE KRYCK AGRAMON**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**VALDEZ, CHARMAGNE KRYCK AGRAMON**

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	287	588	204	0000
3	Payee's Name	VALDEZ, VANESSA GAREJO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**VALDEZ, VANESSA GAREJO**

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	904	122	051	0000
3	Payee's Name	VARGAS, FLOZERFIDA GONZALES (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
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**VARGAS, FLOZERFIDA GONZALES**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	279	274	436	0000
3	Payee's Name	VERIDIANO, SHANE ARA CONSIGNADO (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				13,439.00	1,343.90
<b>Total</b>					<b>13,439.00</b>	<b>1,343.90</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**VERIDIANO, SHANE ARA CONSIGNADO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	313		571		830		0000
3	Payee's Name	VIANA, JASMIN GUBALLO (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**VIANA, JASMIN GUBALLO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	263	741	048	0000
3	Payee's Name	VIESCA, FERNA CRISELDA SUSANO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**VIESCA, FERNA CRISELDA SUSANO**

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

TIN of Signatory

Title/Position of Signatory

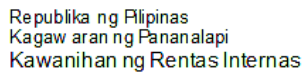
Date Signed \_\_\_\_\_

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

Date of Issuance

Date of Expiry





## BIR Form No.

September 2005 (ENCS)

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

5 Foreign Address  5A Zip Code

## Payor Information

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				26,855.09	2,685.51
Total					26,855.09	2,685.51
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:

**VILLAFUERTE, AIRES RHYZZYNNE MENDELEBAR**

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	176	119	0000
3	Payee's Name	VILLAMOR, JORDAN BALINGIT (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**VILLAMOR, JORDAN BALINGIT**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	235	346	519	0000
3	Payee's Name	VILLANUEVA, JENNIFER CLEMENTE (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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**VILLANUEVA, JENNIFER CLEMENTE**

**VILLANUEVA, JENNIFER CLEMENTE**  
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	279	537	606	0000
3	Payee's Name	VILLAR, JENNY ROSE NARES (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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**VILLAR, JENNY ROSE NARES**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	110	017	541	0000
3	Payee's Name	YANGA, CHERRY LYN JACILDO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

**YANGA, CHERRY LYN JACILDO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2 Taxpayer Identification Number → 492 030 117 0000

3 Payee's Name → **YOSORES, ANALIZA DELA PINA**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				13,439.00	1,343.90
Total					13,439.00	1,343.90
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:

## YOSORES, ANALIZA DELA PINA

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	287	670	426	0000
3	Payee's Name	YPANTO, GRACE ANN BACO (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
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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				26,878.00	2,687.80
Total					26,878.00	2,687.80
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:

**YPANTO, GRACE ANN BACO**

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 →

3 Payee's Name → **ABADIANO, JEMMA M**  
(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
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				14,252.32	1,425.23
Total					14,252.32	1,425.23
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:

**ABADIANO, JEMMA M**

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 → 461 802 312 0000

3 Payee's Name → **ADOR, FRANCIS ANN GRAFIL**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				7,465.50	746.55
Total					7,465.50	746.55
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:

**ADOR, FRANCIS ANN GRAFIL**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 422 377 288 0000

3 Payee's Name → **ALIPO ON, ESTELLA MARIE VILLA**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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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				7,465.50	746.55
Total					7,465.50	746.55
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:

**ALIPO ON, ESTELLA MARIE VILLA**

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	463	310	547	0000
3	Payee's Name	ANAYATIN, MAISA IMPAO (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				7,465.50	746.55
<b>Total</b>					<b>7,465.50</b>	<b>746.55</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**ANAYATIN, MAISA IMPAO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 444 647 238 0000

3 Payee's Name **→ ANDOY, MERIAM PALARAO**  
(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
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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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**ANDOY, MERIAM PALARAO**

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		416 173 188 0000												
3 Payee's Name		ANGELES, MARY ANN OYO (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				14,931.00	1,493.10							
Total						14,931.00	1,493.10							
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:														
ANGELES, MARY ANN OYO														
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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	411	285	205	0000
3	Payee's Name	ANHAO, MARIAN ATAY (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**ANHAO, MARIAN ATAY**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	447	055	881	0000
3	Payee's Name	<b>ARCUENO, MAUREEN CAMILLE INFANTA</b> (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
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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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**ARCUENO, MAUREEN CAMILLE INFANTA**

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	304	372	560	0000
3	Payee's Name	AUSTERO, EVELYN ARDALES (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**AUSTERO, EVELYN ARDALES**

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	461	829	146	0000
3	Payee's Name	AUTOR, KATRINA DE CASTRO (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**AUTOR. KATRINA DE CASTRO**

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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MMDD/YY)

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

<b>2</b>	Taxpayer Identification Number	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>3</b>	Payee's Name	<div style="border: 1px solid black; padding: 5px;">BALINGIT, MA. CRISTEL E.</div> <div style="font-size: small; color: gray; text-align: center;">(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>	
<b>4</b>	Registered Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>4A</b> Zip Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<b>5</b>	Foreign Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>5A</b> Zip Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

## 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				6,786.82	678.68
Total					6,786.82	678.68
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, MA. CRISTEL E.**

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 → 288 455 682 0000

3 Payee's Name → **BANDILING, RHOSE ANN ALGAS**  
(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
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				7,465.50	746.55
Total					7,465.50	746.55
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:

**BANDILING, RHOSE ANN ALGAS**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 448 783 395 0000

3 Payee's Name → **BARONG, CHERYL SALINAS**  
(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
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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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**BARONG, CHERYL SALINAS**

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)
<b>Part I Payee Information</b>									
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">155</div> <div style="border: 1px solid black; padding: 2px;">383</div> <div style="border: 1px solid black; padding: 2px;">542</div> <div style="border: 1px solid black; padding: 2px;">0000</div> </div>								
3 Payee's Name	<div style="border: 1px solid black; padding: 2px;">BENEDICTO, EDNA MATIENZO</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		
<b>Payor Information</b>									
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	
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>									
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				7,465.50	746.55			
<b>Total</b>					<b>7,465.50</b>	<b>746.55</b>			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
<b>Total</b>					-	-			
<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>									
<b>JOCELYN P. BOBADILLA</b> 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					
Conformer:									
<b>BENEDICTO, EDNA MATIENZO</b> 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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	447	055	920	0000
3	Payee's Name	BORITO, SHERRY ANN BRAGAIS (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**BORITO, SHERRY ANN BRAGAIS**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	312	852	841	0000
3	Payee's Name	CAWALING, JESSA PERFAS (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**CAWALING, JESSA PERFAS**

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	287	604	178	0000
3	Payee's Name	CORONA, FATIMA ESPELETA (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**CORONA, FATIMA ESPELETA**

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
--------	-------------------

<b>2</b>	Taxpayer Identification Number		
<b>3</b>	Payee's Name	CORTEZ, HAZELLE M <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>	
<b>4</b>	Registered Address		<b>4A</b> Zip Code
<b>5</b>	Foreign Address		<b>5A</b> 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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**CORTEZ. HAZELLE M**

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	275	178	220	0000
3	Payee's Name	CRISOSTOMO, RIA VILLAGRACIA (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				14,590.25	1,459.03
Total					14,590.25	1,459.03
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:

**CRISOSTOMO, RIA VILLAGRACIA**

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	116	223	0000
3	Payee's Name	DOMINGO, CRISTINE JOY RAMIREZ (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**DOMINGO, CRISTINE JOY RAMIREZ**

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	496	008	726	0000
3	Payee's Name	DOMINGO, REINALYN LORICO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**DOMINGO, REINALYN LORICO**

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	423	411	719	0000
3	Payee's Name	EBAYA, BEVERLY MARCH CABARDO (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				7,413.18	741.32
Total					7,413.18	741.32
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:

**EBAYA, BEVERLY MARCH CABARDO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	430	419	566	0000
3	Payee's Name	ENRIQUEZ, ERICA JANE PAJANUSTAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**ENRIQUEZ, ERICA JANE PAJANUSTAN**

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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2	Taxpayer Identification Number	433	393	317	0000
3	Payee's Name	<b>FAINZA, JOAN RUZOL</b> (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**FAINZA, JOAN RUZOL**

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	701	846	856	0000
3	Payee's Name	FELIX, ROSALIE DE GUZMAN (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				6,786.82	678.68
Total					6,786.82	678.68
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:

**FELIX. ROSALIE DE GUZMAN**

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 → 253 769 468 0000

3 Payee's Name → **GALLOGO, ANIE GAMALE**  
(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
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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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**GALLOGO, ANIE GAMALE**

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	422	447	020	0000
3	Payee's Name	GIANAN, KRIZZIA QUIROZ (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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**GIANAN, KRIZZIA QUIROZ**

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	501	207	537	0000
3	Payee's Name	HERMOSURA, MA. CECILIA DOLZ (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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**HERMOSURA, MA. CECILIA DOLZ**

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 →

3 Payee's Name → **HERNANDEZ, RONA LIEZEL**  
(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
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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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**HERNANDEZ, RONA LIEZEL**

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	700	989	446	0000
3	Payee's Name	IHONG, MARIE SUSIATE ESCORPION (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				14,591.66	1,459.17
Total					14,591.66	1,459.17
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:

**IHONG, MARIE SUSIATE ESCORPION**

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	433	690	790	0000
3	Payee's Name	INFORTUNA, RIZA KELESTE (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

## INFORTUNA, RIZA KELESTE

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	461	929	851	0000
3	Payee's Name	JACA, HANIE MARIE VELASQUEZ (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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**JACA, HANIE MARIE VELASQUEZ**

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 → 446 670 808 0000

3 Payee's Name → **JULAO, CATHERINE SERVAS**  
(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
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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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**JULAO, CATHERINE SERVAS**

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	454	560	094	0000
3	Payee's Name	LASDOSI, RICHELLE NUNEZ (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				5,231.50	523.15
Total					5,231.50	523.15
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:

**LASDOSI, RICHELLE NUNEZ**

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	438	766	969	0000
3	Payee's Name	LAUMOC, EVANGELINE PERNIA (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**LAUMOC, EVANGELINE PERNIA**

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

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	461	796	578	0000
3	Payee's Name	LOPEZ, RENALYN NOBLE (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**LOPEZ, RENALYN NOBLE**

\_\_\_\_\_  
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	099	516	0000
3	Payee's Name	LUBAT, TRINA MAY LAZARA (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				14,252.32	1,425.23
Total					14,252.32	1,425.23
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:

**LUBAT, TRINA MAY LAZARA**

\_\_\_\_\_  
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 → 301 083 091 0000

3 Payee's Name → **MANONGSONG, RIZEL LIQUINAN**  
(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
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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				7,465.50	746.55
Total					7,465.50	746.55
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:

**MANONGSONG, RIZEL LIQUINAN**

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	453	349	754	0000
3	Payee's Name	MEJES, ALJEAN VALE (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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**MEJES, ALJEAN VALE**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	453	689	043	0000
3	Payee's Name	MORALES, GINALYN BERNAL (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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**MORALES, GINALYN BERNAL**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	417	500	837	0000
3	Payee's Name	<b>NAVARRO, CHERRY LYN HERRERA</b> (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**NAVARRO, CHERRY LYN HERRERA**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	→	406		929		637		0000
3	Payee's Name	→	<b>NAVARRO, LEI MARY JOY BRAVO</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4	Registered Address	→							4A Zip Code → <input type="text"/>
5	Foreign Address	→							5A Zip Code → <input type="text"/>

### 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**NAVARRO, LEI MARY JOY BRAVO**

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 → 461 794 736 0000

3 Payee's Name → **NAVARRO, NORLY PENAFIEL**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**NAVARRO, NORLY PENAFIEL**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	314	993	251	0000
3	Payee's Name	NISOLA, DAISY ELLASUS (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**NISOLA, DAISY ELLASUS**

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	322	588	705	0000
3	Payee's Name	OLIPARES, ELNIE DEPOSITORIO (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				7,465.50	746.55
Total					7,465.50	746.55
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:

## OLIPARES, ELNIE DEPOSITARIO

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	101	112	012	0000
3	Payee's Name	ORTICIO, AGNES DAYOT (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				22,396.50	2,239.65
Total					22,396.50	2,239.65
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:

**ORTICIO, AGNES DAYOT**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	474	111	282	0000
3	Payee's Name	ORTIZ, LILIBETH BERNALES (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				6,108.14	610.81
<b>Total</b>					<b>6,108.14</b>	<b>610.81</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**ORTIZ, LILIBETH BERNALES**

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	422	447	182	0000
3	Payee's Name	PADUA, MA DHANICA LORENZO (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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**PADUA, MA DHANICA LORENZO**

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 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	461	796	343	0000
3	Payee's Name	PAGADUAN, VANESSA GUERRERO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
<b>Total</b>					<b>7,465.50</b>	<b>746.55</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**PAGADUAN, VANESSA GUERRERO**

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	454	558	307	0000
3	Payee's Name	PALOMAR, PERLEY GASPAY (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				11,411.75	1,141.18
Total					11,411.75	1,141.18
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:

**PALOMAR, PERLEY GASPAY**

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	674	699	0000
3	Payee's Name	PASILIAO, JANICE ORJALO (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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**PASILIAO, JANICE ORJALO**

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	454	439	928	0000
3	Payee's Name	PEREZ, JOBELLE PEREZ (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**PEREZ, JOBELLE PEREZ**

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
--------	-------------------

<b>2</b>	Taxpayer Identification Number	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>3</b>	Payee's Name	<div style="border: 1px solid black; padding: 5px;">POBLADOR, MANUELA JOY <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small></div>	
<b>4</b>	Registered Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>4A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>
<b>5</b>	Foreign Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>5A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>

### 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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**POBLADOR, MANUELA JOY**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	446	673	876	0000
3	Payee's Name	RED, MARY MARGARETTE FABELLON (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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**RED, MARY MARGARETTE FABELLON**

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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	133	149	075	0000
3	Payee's Name	REVILLA, GLORIA CASIAO (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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**REVILLA. GLORIA CASIAO**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	266	500	271	0000
3	Payee's Name	RICO, MARK JAYSON (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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**RICO. MARK JAYSON**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number

3 Payee's Name → **RIVERA, FLORESITA R**  
(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>→</div> <div> <b>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</b>            (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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**RIVERA, FLORESITA R**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	294	019	384	0000
3	Payee's Name	<b>ROLDAN, LAARNI FETALVER</b> (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**ROLDAN, LAARNI FETALVER**

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	259	167	024	0000
3	Payee's Name	RONAO, KHRISTINA ROSE UY (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**RONAO. KHRISTINA ROSE UY**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	454	724	952	0000
3	Payee's Name	RUBIN, ISADORA MAE SAMSON (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**RUBIN, ISADORA MAE SAMSON**

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	419	568	922	0000
3	Payee's Name	RUMBAAO, MAY JANE ORINGO (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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**RUMBAOA, MAY JANE ORINGO**

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
--------	-------------------

<b>2</b>	Taxpayer Identification Number	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>3</b>	Payee's Name	<div style="border: 1px solid black; padding: 5px;">SACLAMITAO, CECILIA <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small></div>	
<b>4</b>	Registered Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>4A</b> Zip Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<b>5</b>	Foreign Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>5A</b> Zip Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

### 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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**SACLAMITAO. CECILIA**

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	454	797	109	0000
3	Payee's Name	SALENGA, MARIBHEL ALMO (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				14,783.95	1,478.40
Total					14,783.95	1,478.40
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:

**SALENGA, MARIBHEL ALMO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 446 667 157 0000

3 Payee's Name → **SAMPANG, JOYCE ANNE TAGALA**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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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				7,465.50	746.55
Total					7,465.50	746.55
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:

**SAMPANG, JOYCE ANNE TAGALA**

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	(MMDD/YY)	To		07	31	17	(MMDD/YY)	
Part I Payee Information												
2 Taxpayer Identification Number		454 558 532 0000										
3 Payee's Name		SAMSON, ELMA JANE PEPOY (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				6,786.82	678.68					
Total						6,786.82	678.68					
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:												
SAMSON, ELMA JANE PEPOY												
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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	446	271	830	0000
3	Payee's Name	SANHORHO, D NINE ROSE CATUBIG (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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**SANHORHO, D NINE ROSE CATUBIG**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	413	249	823	0000
3	Payee's Name	SANTOS, KHATE LYNN ROMERO (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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, KHATE LYNN ROMERO**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	475	908	349	0000
3	Payee's Name	SINDAYEN, NIKKI BLANCA SARING (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**SINDAYEN, NIKKI BLANCA SARING**

**SINDAYEN, NIKKI BEANCA SARING**  
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
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2 Taxpayer Identification Number → 281 780 436 0000

3 Payee's Name → **SORIANO, ROBERT SEREDILLA**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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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				14,922.52	1,492.25
Total					14,922.52	1,492.25
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:

**SORIANO, ROBERT SEREDILLA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	478	109	937	0000
3	Payee's Name	SUBAYNO, JIMLIZLY PAITAN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				6,108.14	610.81
Total					6,108.14	610.81
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:

**SUBAYNO, JIMLIZLY PAITAN**

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 → 446 319 259 0000

3 Payee's Name → **SULAM, GERALDINE SUSANA**  
(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
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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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**SULAM. GERALDINE SUSANA**

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	437	676	073	0000
3	Payee's Name	SUMARIBUS, CARMELA CASTELLANO (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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**SUMARIBUS, CARMELA CASTELLANO**

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	146	022	515	0000
3	Payee's Name	SY, MA LOURDES ZERLA PELOBELLO (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				14,929.59	1,492.96
Total					14,929.59	1,492.96
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:

**SY, MA LOURDES ZERLA PELOBELLO**

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 → 454 559 203 0000

3 Payee's Name → **TEOXON, ARLENE TAPANAN**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**TEOXON, ARLENE TAPANAN**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	204	941	861	0000
3	Payee's Name	TIMBOL, FLORLITA DUGAYO (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**TIMBOL. FLORLITA DUGAYO**

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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MMDD/YY)

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

2	Taxpayer Identification Number	461	821	107	0000
3	Payee's Name	TOLENTINO, GELLI ANN AGUSTIN (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**TOLENTINO, GELLI ANN AGUSTIN**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 268 920 272 0000

3 Payee's Name → **TUSI, JAY ANN VALENCIA**  
(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
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**TUSI, JAY ANN VALENCIA**

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 

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

 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	181	752	476	0000
3	Payee's Name	URSUA, RAQUEL LANTING (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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				7,465.50	746.55
Total					7,465.50	746.55
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:

**URSUA, RAQUEL LANTING**

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    (MM/DD/YY)

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

2	Taxpayer Identification Number	293	947	607	0000
3	Payee's Name	VENUS, CATHERINE JOY PERDIZ (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**VENUS. CATHERINE JOY PERDIZ**

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	498	564	029	0000
3	Payee's Name	VILLELA, REYNALYN GUEVARRA (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				7,465.50	746.55
Total					7,465.50	746.55
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:

**VILLELA, REYNALYN GUEVARRA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	501	196	629	0000
3	Payee's Name	ZABALA, AIRA MAE MURILLO (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				14,931.00	1,493.10
<b>Total</b>					<b>14,931.00</b>	<b>1,493.10</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>					-	-

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:

**ZABALA. AIRA MAE MURILLO**

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 → 285 086 512 0000

3 Payee's Name → **ZANO, APRIL OBUSAN**  
(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
----------------------	---	-------------	------

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				14,931.00	1,493.10
Total					14,931.00	1,493.10
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:

**ZANO, APRIL OBUSAN**

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
--------	-------------------

<b>2</b>	Taxpayer Identification Number	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>3</b>	Payee's Name	<div style="border: 1px solid black; padding: 5px;">AMOYAN, ARISTOTLE J <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small></div>	
<b>4</b>	Registered Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>4A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>
<b>5</b>	Foreign Address	<div style="border: 1px solid black; width: 60%; height: 20px;"></div>	<b>5A</b> Zip Code <div style="border: 1px solid black; width: 15%; height: 20px;"></div>

## 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				24,887.00	2,488.70
Total					24,887.00	2,488.70
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:

AMOYAN, ARISTOTLE J

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
--------	-------------------

<b>2</b>	Taxpayer Identification Number		
<b>3</b>	Payee's Name	DALUMPINES, ERWIN M <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>	
<b>4</b>	Registered Address		<b>4A</b> Zip Code
<b>5</b>	Foreign Address		<b>5A</b> 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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				24,887.00	2,488.70
Total					24,887.00	2,488.70
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:

**DALUMPINES, ERWIN M**

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
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2 Taxpayer Identification Number → 216 032 168 0000

3 Payee's Name → **DIMAGUIBA, MARIA LOURDES SAROCA**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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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				21,493.32	2,149.33
Total					21,493.32	2,149.33
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:

**DIMAGUIBA, MARIA LOURDES SAROCA**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	269	992	201	0000
3	Payee's Name	ESPIRIDION, GENE PAUL FRANCISCO (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
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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				24,887.00	2,488.70
Total					24,887.00	2,488.70
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:

**ESPIRIDION, GENE PAUL FRANCISCO**

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	319	524	529	0000
3	Payee's Name	JOAQUIN, JOAMMIE ZACARIAS (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
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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				23,755.80	2,375.58
Total					23,755.80	2,375.58
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:

**JOAQUIN, JOAMMIE ZACARIAS**

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

3 Payee's Name → **LETADA, KRISTINA MARIE L**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				10,181.05	1,018.11
Total					10,181.05	1,018.11
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:

**LETADA, KRISTINA MARIE L**

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 →

3 Payee's Name **PAYOS, MARY ANN Q**  
(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>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
----------------	--

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				21,493.32	2,149.33
Total					21,493.32	2,149.33
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:

**PAYOS, MARY ANN Q**

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