

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	319 686 230 0000									
3 Payee's Name	ABAN, GINALYN PAJAYON <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				
Total										
Money Payments Subject to Withholding of Business Tax (Government & Private)										
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent		WB080				23,806.20	714.19			
Total						23,806.20	714.19			
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.										
JOCELYN P. BOBADILLA Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)			TIN of Signatory			Title/Position of Signatory				
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)			Date of Issuance			Date of Expiry				
Conforme:										
ABAN, GINALYN PAJAYON Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)			TIN of Signatory			Title/Position of Signatory		Date Signed		
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)			Date of Issuance			Date of Expiry				

Certificate of Creditable Tax Withheld At Source

BIR Form No.

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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
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2 Taxpayer Identification Number → 327 915 964 0000

3 Payee's Name → **ABANTE, BREN JASON ARMANITO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ABANTE, BREN JASON ARMANITO

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

TIN of Signatory

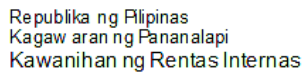
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

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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
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2	Taxpayer Identification Number	700	964	037	0000
3	Payee's Name	AL Aurin, Jeff Dupan (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	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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[illegible]

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JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforme:			
ALAUrin, JEFF DUPAN			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry	

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BIR Form No.

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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	400	578	490	0000
3	Payee's Name	ALCID, GRACE SARAH OBIEN (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	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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[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ALCID, GRACE SARAH OBIEN

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

TIN of Signatory

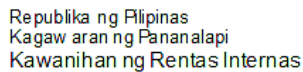
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

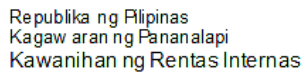
Date of Expiry



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September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

AMAR, AGUSTO RENAN ALEGONZA

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

TIN of Signatory

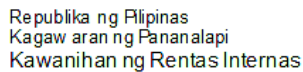
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

2307

September 2005 (ENCS)

Part I	Payee Information
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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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

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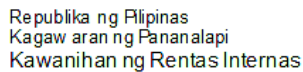
Title/Position of Signatory

Date of Expiry

Conforme:

Date Signed

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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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	458	393	894	0000
3	Payee's Name	AQUINO, CHIMMY DAWN APPALA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

AQUINO, CHIMMY DAWN APPALA

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

TIN of Signatory

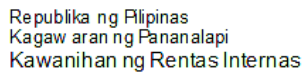
Title/Position of Signatory

Date Signed

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

Date of Issuance

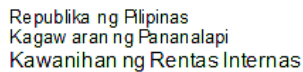
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Conforme:			
ARGOSO, CARLA MAE MANZANO			
Payee/Payee's Authorized Representative/Accredited Tax Agent	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	



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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 → 456 294 956 0000

3 Payee's Name → **AZARCON, RYAN ANGELO DEOCARIZA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

AZARCON, RYAN ANGELO DEOCARIZA

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

TIN of Signatory

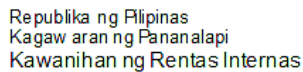
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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Certificate of Creditable Tax Withheld At Source

BIR Form No.

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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	484	777	972	0000
3	Payee's Name	BAGALAYOS, FENELLA MAE 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
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BAGALAYOS, FENELLA MAE 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

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

Payor Information

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

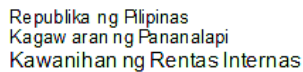
PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

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JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforms to: BAGUINGAN, BENJAMIN II SAROL Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)				Date of Issuance	Date of Expiry	



BIR Form No.

September 2005 (ENCS)

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

2 Taxpayer Identification Number → 321 971 457 0000

3 Payee's Name → **BALASA, ANNA VIRGINIA GORRES**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BALASA, ANNA VIRGINIA GORRES

BALASA, ANNA VIRGINIA GORRES
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

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

Payor Information

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

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

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JOCELYN P. BOBADILLA

JOCelyn P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BARCELONA, EXCEL CARDENIO

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BAZAR, XANDRA MICHELLE

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 165 728 033 0000

3 Payee's Name → **BENEDICTO, ANACEL MATIENZO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BENEDICTO, ANACEL MATIENZO

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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 → 456 739 648 0000

3 Payee's Name **BIADO, GENE ROSALYN DELA CRUZ**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BIADO, GENE ROSALYN DELA CRUZ

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

TIN of Signatory

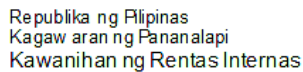
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 472 028 088 0000

3 Payee's Name → **BUSTAMANTE, AGNES 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
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BUSTAMANTE, AGNES TOLENTINO

BUSTAMANTE, AGNES 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

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	284	612	613	0000
3	Payee's Name	CAMARINES, SID MICHAEL GERON (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CAMARINES, SID MICHAEL GERON

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

TIN of Signatory

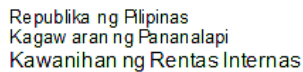
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

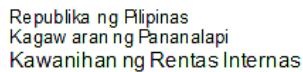
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 471 651 562 0000

3 Payee's Name → **CASAO, REANA DIANNE BULAWAN**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CASAO, REANA DIANNE BULAWAN

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

TIN 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 → 222 027 979 0000

3 Payee's Name → **CASEQUIN, CHRISTIAN ALDOUS CHAVEZ**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
1.	Monthly income payments received from all sources during the quarter
2.	Total monthly income payments received during the quarter
3.	Monthly income tax withheld during the quarter
4.	Total monthly income tax withheld during the quarter
5.	Net monthly income after taxes during the quarter
6.	Total net monthly income after taxes during the quarter
7.	Other income or deductions reported on Form 990-BE, Part III, Line 8
8.	Total other income or deductions reported on Form 990-BE, Part III, Line 8
9.	Net income before taxes during the quarter
10.	Total net income before taxes during the quarter
11.	Net income after taxes during the quarter
12.	Total net income after taxes during the quarter

[illegible]

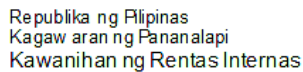
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA			
Payor/Payor's	Authorized Representative/Accredited Tax Agent	TIN of Signatory	Title/Position of Signatory
	(Signature Over Printed Name)		

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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Conforme:			
CASEQUIN, CHRISTHIAN ALDOUS CHAVEZ			
Payee/Payee's Authorized Representative/Accredited Tax Agent	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
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BIR Form No.

September 2005 (ENCS)

Conforme:			
CASIS, ALLAN PATAG			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date 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 → 438 355 981 0000

3 Payee's Name → **CASTILLO, MARK HAROLD MOLLENIDO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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, MARK HAROLD MOLLENIDO

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

TIN of Signatory

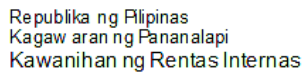
Title/Position of Signatory

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** (MM/DD/YY)

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

2	Taxpayer Identification Number	450	561	747	0000
3	Payee's Name	CELESTIAL, GERALD (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CELESTIAL, GERALD

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

TIN of Signatory

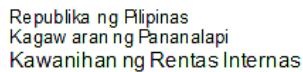
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

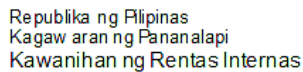
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Conforms to: CHUMACERA, JOHN CARLO BASMAYOR Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)				Date of Issuance	Date 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 → 417 414 907 0000

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

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CORRE, VANESSA MAE LLANTO

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

TIN of Signatory

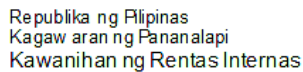
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 294 875 333 0000

3 Payee's Name → **CRUZ, PAUL YVES GARCES**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA			
Payor/Payor's	Authorized Representative/Accredited Tax Agent	TIN of Signatory	Title/Position of Signatory
	(Signature Over Printed Name)		

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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Conformer: CRUZ, PAUL YVES GARCES Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
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Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 700 964 575 0000

3 Payee's Name → **DADO, DAVID XAVIER MENGHAMAL**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DADO, DAVID XAVIER MENGHAMAL

DADO, DAVID XAVIER MENGHAMAL
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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 → 413 767 046 0000

3 Payee's Name → **DASIGAN, SHARA LYN MANUEL**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DASIGAN, SHARA LYN MANUEL

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

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	472	317	615	0000
3	Payee's Name	DAULAT, JODEL CARLO VIANA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

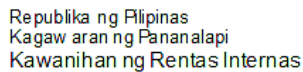
PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

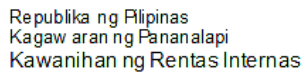
Conforme:			
DAULAT, JODEL CARLO VIANA			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry	



BIR Form No.

September 2005 (ENCS)

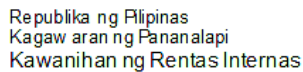
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

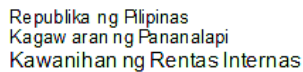
September 2005 (ENCS)

[illegible]

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Date of Expiry

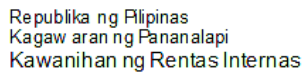
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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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** (MM/DD/YY)

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

2	Taxpayer Identification Number	236	706	311	0000
3	Payee's Name	DIAZ, JAYVEE JUN MAMERTO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

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

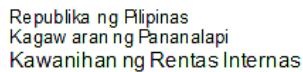
PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforme:			
DIAZ, JAYVEE JUN MAMERTO			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

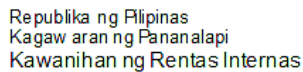
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Title/Position of Signatory

Date of Expiry

Date Signed _____

Date of Expiry



BIR Form No.

September 2005 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Date of Expiry

Date 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		126 134 189 0000									
3 Payee's Name		DURANTE, VICENTE MARAVILLA <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					
Total											
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent		WB080				9,352.57	280.58				
Total						9,352.57	280.58				
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.											
JOCELYN P. BOBADILLA Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)			TIN of Signatory			Title/Position of Signatory					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)			Date of Issuance			Date of Expiry					
Conforme:											
DURANTE, VICENTE MARAVILLA Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)			TIN of Signatory			Title/Position of Signatory			Date Signed		
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)			Date of Issuance			Date 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 → 444 488 539 0000

3 Payee's Name → **EDQUID, JINKY SANCHEZ**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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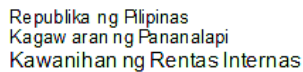
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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Conforme:			
EDQUID, JINKY SANCHEZ Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed

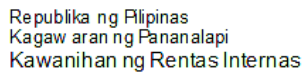
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

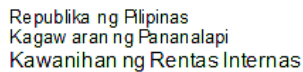
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

FERNANDEZ, CLARENCE JACINTO

FERNANDEZ, CLARENCE JACINTO
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

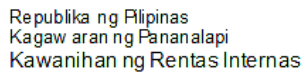
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 311 815 901 0000

3 Payee's Name → **FERRER, MARIA PAMELA CERCANO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

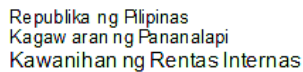
JOCELYN P. BOBADILLA			
Payor/Payor's	Authorized Representative/Accredited Tax Agent	TIN of Signatory	Title/Position of Signatory
	(Signature Over Printed Name)		

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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Conforme:

FERRER, MARIA PAMELA CERCANO			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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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** (MM/DD/YY)

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

2	Taxpayer Identification Number	334	834	430	0000
3	Payee's Name	FORMANES, SONIA TORIBIO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

FORMANES, SONIA TORIBIO

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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 → 325 612 628 0000

3 Payee's Name → **FORMENTERA, DIANA ROSE MISA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

FORMENTERA, DIANA ROSE MISA

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

TIN of Signatory

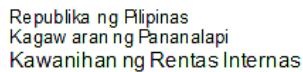
Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GABON, BRYAN CURADA

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 412 816 568 0000

3 Payee's Name → **GANELO, CYNTHIA CALUAG**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GANELO, CYNTHIA CALUAG

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date 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 → 309 769 951 0000

3 Payee's Name → **GUILALAS, ANNALIZA FAJARDO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUILALAS, ANNALIZA FAJARDO

GUILALAS, ANNALIZA FAJARDO
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUINO O, MC RUSSWIN CARREON

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUNDRAN, ROBIN ABARCA

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

HERNANDEZ, CZARINA JANE BELTRAN

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 425 724 915 0000

3 Payee's Name → **IGNACIO, LEONIDES CAYABYAB**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

IGNACIO, LEONIDES CAYABYAB

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

TIN of Signatory

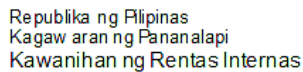
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

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Date of Expiry

Date 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 → 221 834 164 0000

3 Payee's Name → **INGENIERO, MICHELLE 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
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

INGENIERO, MICHELLE CASTILLO

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

TIN of Signatory

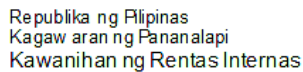
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

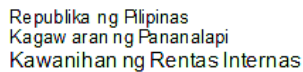
Date of Expiry



BIR Form No.

September 2005 (ENCS)

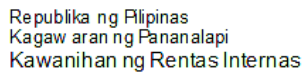
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Conforme:			
LAGARDE, AIRA GRACE MUJAR			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry	



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 244 182 754 0000

3 Payee's Name → **LALIC, MA DAISY BISA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LALIC, MA DAISY BISA

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

TIN of Signatory

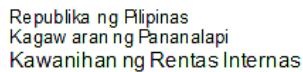
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2	Taxpayer Identification Number	455	881	557	0000
3	Payee's Name	LARA, JOHN CHRISTIAN YATCO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LARA, JOHN CHRISTIAN YATCO

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

TIN of Signatory

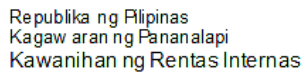
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 488 391 551 0000

3 Payee's Name → **LOA, FERDIE ANGELO DELA VEGA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

LOA, FERDIE ANGELO DELA VEGA

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

TIN of Signatory

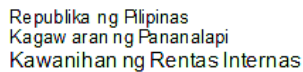
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

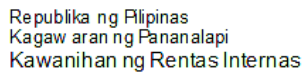
Date of Expiry



BIR Form No.

September 2005 (ENCS)

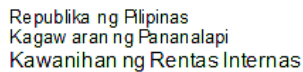
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2	Taxpayer Identification Number	455	373	439	0000
3	Payee's Name	MAHILUM, CHEERYL CARBUNGCO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

MAHILUM, CHEERYL CARBUNGO

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

TIN of Signatory

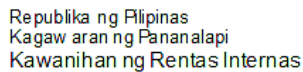
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 701 100 586 0000

3 Payee's Name → **MANLIGUEZ, PAMAE JOY CARBONELL**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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JOCELYN P. BOBADILLA

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(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

MANLIGUEZ, PAMAE JOY CARBONELL

MANRIQUEZ, PAMAE JOY CARBONELL
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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 → 276 823 704 0000

3 Payee's Name → **MANUEL, CHARLOTTE CADIANG**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

MANUEL, CHARLOTTE CADIANG

MANUEL, CHARLOTTE CADIANG
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

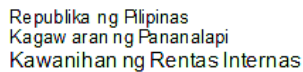
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 471 708 023 0000

3 Payee's Name → **MARTE, CHRISTINE JOY RUSTIA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

MARTE, CHRISTINE JOY RUSTIA

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

TIN of Signatory

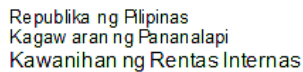
Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

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

Payor Information

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

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	--	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

NASAYAO, BRAN DARIUS NINO MORAL

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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	448	909	788	0000
3	Payee's Name	NOTARIO, GINA MAE JACOB (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

NOTARIO, GINA MAE JACOB

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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 → 217 141 242 0000

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

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

NUNEZ, JOHN LESTER MALUBAY

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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 → 412 820 388 0000

3 Payee's Name → **OCAMPO, JOHN LERRY UYLINGCO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

8 Registered Address	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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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

O CAMPO, JOHN LERRY UYLINGCO

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

OLLERAS, RUBIE JEAN SARABIA

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

TIN of Signatory

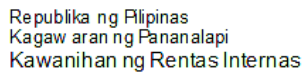
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

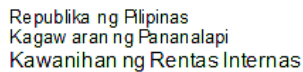
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2	Taxpayer Identification Number	488	938	421	0000
3	Payee's Name	ORIDO, DIANA ROSE ILUSTRE (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ORIDO, DIANA ROSE ILUSTRE

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

TIN of Signatory

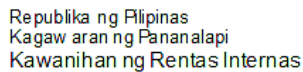
Title/Position of Signatory

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

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

2	Taxpayer Identification Number	472	771	309	0000
3	Payee's Name	ORTEGA, JOHN MARK BORNEA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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, JOHN MARK BORNEA

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

TIN of Signatory

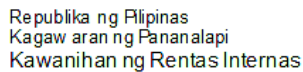
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

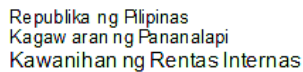


BIR Form No.

September 2005 (ENCS)

Date of Expiry

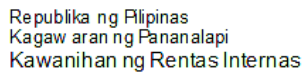
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BIR Form No.

September 2005 (ENCS)

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Conforms to: PADILLA, KRIZA JEAN LUPANGO Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)				Date of Issuance	Date 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 → 277 902 841 0000

3 Payee's Name → **PAEZ, MARK CHRISTIAN JAO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

PAEZ, MARK CHRISTIAN JAO

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 212 088 192 0000

3 Payee's Name → **PAGON, GERALDO SALCEDO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

PAGON, GERALDO SALCEDO

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

TIN of Signatory

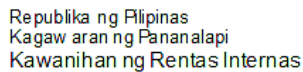
Title/Position of Signatory

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

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

2 Taxpayer Identification Number → 278 108 609 0000

3 Payee's Name → **PAR, CHRISTIAN BARCENAS**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

PAR, CHRISTIAN BARCENAS

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

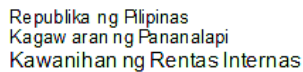
Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

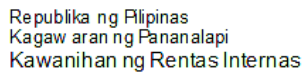
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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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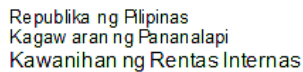


BIR Form No.

September 2005 (ENCS)

Date of Expiry

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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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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	457	499	302	0000
3	Payee's Name	RAMIREZ, KARLA MAE CANETE (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

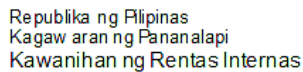
PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

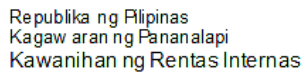
Conforme:			
RAMIREZ, KARLA MAE CANETE			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry	



BIR Form No.

September 2005 (ENCS)

Conforme:			
RAMIREZ, LERRY JYNN REGALADO			
Payee/Payee's Authorized Representative/Accredited Tax Agent	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	



BIR Form No.

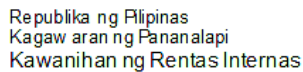
September 2005 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Date of Expiry

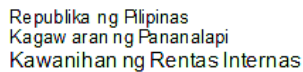
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2	Taxpayer Identification Number	494	954	762	0000
3	Payee's Name	REYES, LESTER NELMIDA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforms to: REYES, LESTER NELMIDA Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)				Date of Issuance	Date 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	432	840	188	0000
3	Payee's Name	RIPARIP, RICHELL FORTICH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

RIPARIP. RICHELL FORTICH

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ROSALES, KEVIN ALMAZAN

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 420 461 932 0000

3 Payee's Name → **RUDA, ANABELLE ROMANO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

RUDA, ANABELLE ROMANO

RODA, ANABELLE ROMANO
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

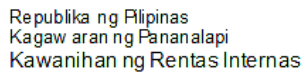
Title/Position of Signatory

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

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

2 Taxpayer Identification Number → 275 836 574 0000

3 Payee's Name → **SALUTA, TIRSO ZAMORA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SALUTA, TIRSO ZAMORA

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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 → 456 065 928 0000

3 Payee's Name → **SAMARITA, ELLA MAE LUZON**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SAMARITA, ELLA MAE LUZON

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

TIN of Signatory

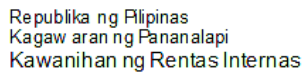
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Date of Expiry

1

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SANGAHIN, YVES EVITA CAMOTA

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
----------------	--

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCelyn P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SANTAMARIA, EDISON TAN

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforms to: SANTELICES, ELAIZA JUNIO Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)				Date of Issuance	Date of Expiry	

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 288 364 218 0000

3 Payee's Name → **SANTIAGO, ROWELL TUYAY**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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, ROWELL TUYAY

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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	442	846	909	0000
3	Payee's Name	SANTOS, MARIA JENNA DELOS 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
----------------	--

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

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, MARIA JENNA DELOS REYES

SANTOS, MARIA JENNA DELOS REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

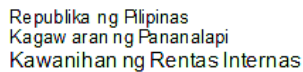
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

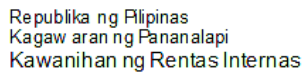
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BIR Form No.

September 2005 (ENCS)

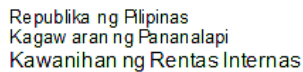
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

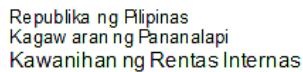
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2	Taxpayer Identification Number	313	121	432	0000
3	Payee's Name	TARALA, ROMAR PAMA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TARALA, ROMAR PAMA

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date 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 → 132 598 123 0000

3 Payee's Name → **TERMINEZ, ROWEENA PARUNGAO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
----------------	--

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TERMINEZ, ROWEENA PARUNGAO

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2	Taxpayer Identification Number	462	636	816	0000
3	Payee's Name	TORRECAMPO, QUIN BEA DIMAALA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TORRECAMPO, QUIN BEA DIMAALA

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date 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	582	679	0000
3	Payee's Name	TREMBEVILLA, ANABELLE ORDANIEL (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
----------------	--

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCelyn P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TREMBEVILLA, ANABELLE ORDANIEL

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date 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	412	286	551	0000
3	Payee's Name	TRINIDAD, GERALD 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
---------	---

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

TRINIDAD, GERALD DELA CRUZ

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

TIN of Signatory

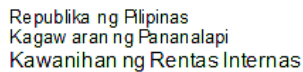
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

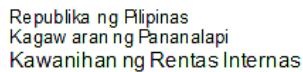
Date of Expiry



BIR Form No.

September 2005 (ENCS)

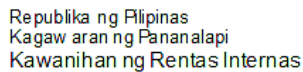
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

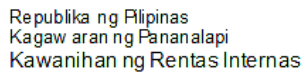
Conforme:			
VELASCO, JHON PAULO DASIG			
Payee/Payee's Authorized Representative/Accredited Tax Agent	TIN of Signatory	Title/Position of Signatory	Date Signed
(Signature Over Printed Name)			
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry	



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

September 2005 (ENCS)

Conformed: VILLARAMA, CHARLES DAVID FLORES Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)				Date of Issuance	Date of Expiry	

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 473 760 830 0000

3 Payee's Name → **VILLENA, DANICA LOU AURIQUE**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

VILLENA, DANICA LOU AURIQUE

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ALMAZAN, RACQUEL DAWN NUGUID

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

TIN of Signatory

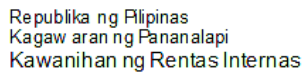
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MM/DD/YY)

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

2 Taxpayer Identification Number → 400 644 365 0000

3 Payee's Name → **ARCHES, JOURDANE EDEN ROXAS**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ARCHES, JOURDANE EDEN ROXAS

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

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 → 928 607 306 0000

3 Payee's Name → **ATILANO, EVELYN CARPIO**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7 Payor's Name **CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH**
(Last Name, First 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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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ATILANO, EVELYN CARPIO

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BALINGIT, JOHN ERICKSON MANQUIZ

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 294 925 597 0000

3 Payee's Name → **BERGADO, MELVIN SAROL**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	--	---

[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BERGADO, MELVIN SAROL

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

TIN of Signatory

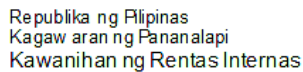
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

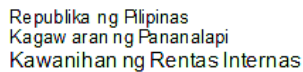
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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BIR Form No.

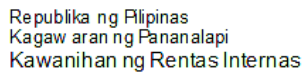
September 2005 (ENCS)

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Date of Expiry

Date of Expiry



BIR Form No.

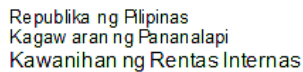
September 2005 (ENCS)

[illegible]

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Date of Expiry

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Title/Position of Signatory

Date of Expiry

Date Signed _____

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
----------------	--

[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DELA ROSA, JAYPEE BRUTAS

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

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JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUILARAN, MARY GRACE AQUINO

GUILARAN, MARY GRACE AQUINO
Payee/Payee's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2 Taxpayer Identification Number → 492 006 908 0000

3 Payee's Name → **GUILLERMO, TERI NICOLE 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
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

GUILLERMO, TERI NICOLE ANN

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

TIN of Signatory

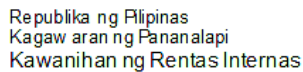
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

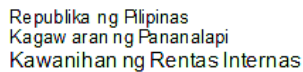
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Date of Expiry



BIR Form No.

September 2005 (ENCS)

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	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 **07** **01** **17** (MM/DD/YY) To **07** **31** **17** (MMDD/YY)

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

2 Taxpayer Identification Number → 415 072 302 0000

3 Payee's Name → **ORO, ROSE ANN GARCIA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ORO, ROSE ANN GARCIA

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

PEREZ, ERIKA KAE PINPIN

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

RECERONE, YSABEL MAE CAPUNO

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

REYES, JOY ANN RAZON

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

TIN of Signatory

Title/Position of Signatory

Date Signed _____

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

Date of Issuance

Date of Expiry

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

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

Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforme:			
SADORRA, ABIGAIL QUILANG			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date 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	491	780	000	0000
3	Payee's Name	SIBAYAN, ROSELLE ABABA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

6	Taxpayer Identification Number	437	135	027	0000
7	Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	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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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforme:			
SIBAYAN, ROSELLE ABABA			
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN 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	220	092	210	0000
3	Payee's Name	TACUYAN, SOFRONIO JR TA AY (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A Zip Code		
5	Foreign Address		5A Zip Code		

Payor Information

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

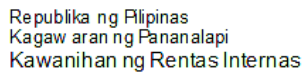
PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA		
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry

Conforme: TACUYAN, SOFRONIO JR TA AY Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)				TIN of Signatory	Title/Position of Signatory	Date Signed
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)				Date of Issuance	Date of Expiry	



BIR Form No.

September 2005 (ENCS)

Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas