Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 161 636 067 0000

3 Payee's Name ▸ BERMUDEZ, MARIE GRACE DELMONTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,514.00	435.42
Total					14,514.00	435.42

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

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

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

Conforme:
BERMUDEZ, MARIE GRACE DELMONTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 465 300 297 0000

3 Payee's Name ▸ BOBILES, ZHANDEL LOISE VILLANUEVA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,514.00	435.42
Total					14,514.00	435.42

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

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

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

Conforme:
BOBILES, ZHANDEL LOISE VILLANUEVA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 182 466 836 0000

3 Payee's Name ▸ ECHAORE, FREDERICK CARINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,514.00	435.42
Total					14,514.00	435.42

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

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

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

Conforme:
ECHAORE, FREDERICK CARINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 216 670 391 0000

3 Payee's Name ▸ FORMOSO, JOSEPH JOHN CABAUATAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,514.00	435.42
Total					14,514.00	435.42

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

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

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

Conforme:
FORMOSO, JOSEPH JOHN CABAUATAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 115 922 478 0000

3 Payee's Name ▸ HUMPHREYS, VIVIAN SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				29,028.00	870.84
Total					29,028.00	870.84

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

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

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

Conforme:
HUMPHREYS, VIVIAN SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 423 672 426 0000

3 Payee's Name ▸ LADERA, MELVIN DE GUZMAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				27,521.63	825.65
Total					27,521.63	825.65

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

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

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

Conforme:
LADERA, MELVIN DE GUZMAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ OCHOA, MARIA JOANNA DE LEON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,514.00	435.42
Total					14,514.00	435.42

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

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

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

Conforme:
OCHOA, MARIA JOANNA DE LEON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 493 832 552 0000

3 Payee's Name ▸ RELUCIO, PATRICIA TALAG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,514.00	435.42
Total					14,514.00	435.42

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

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

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

Conforme:
RELUCIO, PATRICIA TALAG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 215 672 896 0000

3 Payee's Name ▸ SEBASTIAN, MICHELLE MARIE LLENADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				29,028.00	870.84
Total					29,028.00	870.84

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

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

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

Conforme:
SEBASTIAN, MICHELLE MARIE LLENADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ VILLAROMAN, DANIEL L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,514.00	435.42
Total					14,514.00	435.42

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

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

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

Conforme:
VILLAROMAN, DANIEL L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 275 149 911 0000

3 Payee's Name ▸ AARON, OMEGA FAMARAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
AARON, OMEGA FAMARAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 494 217 052 0000

3 Payee's Name ▸ ACEDERA, JOSEPH EDMAR DE LEON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
ACEDERA, JOSEPH EDMAR DE LEON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 467 297 768 0000

3 Payee's Name ▸ APOSTOL, LENNOR KYLE SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
APOSTOL, LENNOR KYLE SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 483 619 156 0000

3 Payee's Name ▸ CAYABYAB, NORIEL BURIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
CAYABYAB, NORIEL BURIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 312 400 787 0000

3 Payee's Name ▸ FELICIANO, GIRLIE ROSE SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,536.27	436.09
Total					14,536.27	436.09

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

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

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

Conforme:
FELICIANO, GIRLIE ROSE SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 700 799 934 0000

3 Payee's Name ▸ GONZALES, JULIE ANNE MELISSE BUMATAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
GONZALES, JULIE ANNE MELISSE BUMATAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 481 508 319 0000

3 Payee's Name ▸ HERRERA, MA FRANCESCA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				24,887.00	746.61
Total					24,887.00	746.61

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

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

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

Conforme:
HERRERA, MA FRANCESCA CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 491 090 926 0000

3 Payee's Name ▸ JALOS, CAZELENE JOY ELOPRE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
JALOS, CAZELENE JOY ELOPRE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 495 732 978 0000

3 Payee's Name ▸ ORTIZ, MART ROGER TOLENTINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸
4A Zip Code ▸

5 Foreign Address ▸
5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
ORTIZ, MART ROGER TOLENTINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 492 003 961 0000

3 Payee's Name ▸ QUILATAN, JOHN HEGZ CASTILLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
QUILATAN, JOHN HEGZ CASTILLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 298 614 0000

3 Payee's Name ▸ SAN JOSE, CHRISANTA ENRIQUEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
SAN JOSE, CHRISANTA ENRIQUEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 272 972 0000

3 Payee's Name ▸ VILLARINO, JERICO SOBREJUANITE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,443.50	373.31
Total					12,443.50	373.31

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

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

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

Conforme:
VILLARINO, JERICO SOBREJUANITE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 306 267 122 0000

3 Payee's Name ▸ ACOSTA, JANICE CATIBO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ACOSTA, JANICE CATIBO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 282 570 266 0000

3 Payee's Name ▸ ACOSTA, KRISTEL NOEL BUMATAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
ACOSTA, KRISTEL NOEL BUMATAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 486 306 803 0000

3 Payee's Name ▸ ADRIANO, GAY LORD SARMIENTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
ADRIANO, GAY LORD SARMIENTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 497 586 0000

3 Payee's Name ▸ AGUADA, STEPHANIE PRINCES DIAZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
AGUADA, STEPHANIE PRINCES DIAZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 794 181 0000

3 Payee's Name ▸ AGUILA, JAYPEE TORRES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
AGUILA, JAYPEE TORRES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 267 273 116 0000

3 Payee's Name ▸ AGUINALDO, MICHAEL TABIGNE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
AGUINALDO, MICHAEL TABIGNE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 432 965 809 0000

3 Payee's Name ▸ AGULTO, JED HUMPHREY FAUSTINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
AGULTO, JED HUMPHREY FAUSTINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 254 631 558 0000

3 Payee's Name ▸ ALCAMPOR, KAREN JOY CRUDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ALCAMPOR, KAREN JOY CRUDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 111 573 805 0000

3 Payee's Name ▸ ALEGRE, SARRAH LUDOVICE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ALEGRE, SARRAH LUDOVICE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 289 215 618 0000

3 Payee's Name ▸ ALFONSO, KAREN KAY BANAGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
ALFONSO, KAREN KAY BANAGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 281 304 230 0000

3 Payee's Name ▸ ALIPIO, PAMELA ANDREA KALLMEYER
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ALIPIO, PAMELA ANDREA KALLMEYER
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 251 220 091 0000

3 Payee's Name ▸ ALMIREZ, KRIS DAREN MANGUERRA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,806.73	804.20
Total					26,806.73	804.20

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

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

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

Conforme:
ALMIREZ, KRIS DAREN MANGUERRA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 312 912 683 0000

3 Payee's Name ▸ ALONZO, AIRIEZ CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ALONZO, AIRIEZ CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 318 171 067 0000

3 Payee's Name ▸ BARRIOS, MARIA REGINA RUIZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BARRIOS, MARIA REGINA RUIZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 307 789 480 0000

3 Payee's Name ▸ ANDOY, JASMIN PEREZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ANDOY, JASMIN PEREZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 408 073 691 0000

3 Payee's Name ▸ ANO, JOMAR CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				25,656.27	769.69
Total					25,656.27	769.69

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

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

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

Conforme:
ANO, JOMAR CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 434 028 243 0000

3 Payee's Name ▸ ANTOLIN, MICHELLE MALAGENA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ANTOLIN, MICHELLE MALAGENA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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Kagawaran ng Pananalapi
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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 ▸ 474 412 794 0000

3 Payee's Name ▸ AQUINO, APRIL ROSE SARTAGUDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, APRIL ROSE SARTAGUDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
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 ▸ 500 525 275 0000

3 Payee's Name ▸ AQUINO, CONCEPCION LEA NALDOZA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,267.14	788.01
Total					26,267.14	788.01

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

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

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

Conforme:
AQUINO, CONCEPCION LEA NALDOZA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 268 246 997 0000

3 Payee's Name ▸ ARBIS, DANDEIL JOHN OCAMPO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				24,434.55	733.04
Total					24,434.55	733.04

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

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

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

Conforme:
ARBIS, DANDEIL JOHN OCAMPO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 496 762 688 0000

3 Payee's Name ▸ ARBIZ, LOUILA ELEGARLE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ARBIZ, LOUILA ELEGARLE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 409 691 234 0000

3 Payee's Name ▸ ARINES, ZEN ALLAN ALANIS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,426.27	402.79
Total					13,426.27	402.79

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

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

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

Conforme:
ARINES, ZEN ALLAN ALANIS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 501 701 0000

3 Payee's Name ▸ ASIS, MANILYN LACANDAZO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ASIS, MANILYN LACANDAZO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 446 686 468 0000

3 Payee's Name ▸ ASPIRAS, MARIE ROSE REYNON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ASPIRAS, MARIE ROSE REYNON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 289 363 329 0000

3 Payee's Name ▸ ATIENZA, KARLA GODA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
ATIENZA, KARLA GODA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 448 292 364 0000

3 Payee's Name ▸ BACAYO, RITZEL ALBIENDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,423.73	402.71
Total					13,423.73	402.71

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

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

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

Conforme:
BACAYO, RITZEL ALBIENDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 410 878 282 0000

3 Payee's Name ▸ BAJARO, MARIA NINO PAOLO LEE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BAJARO, MARIA NINO PAOLO LEE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 297 625 244 0000

3 Payee's Name ▸ BALADAD, MARIA CRISTINA GUANLAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BALADAD, MARIA CRISTINA GUANLAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 156 217 757 0000

3 Payee's Name ▸ BALANDRA, BUENA SULIBIT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BALANDRA, BUENA SULIBIT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 493 238 0000

3 Payee's Name ▸ BARICAUA, LENNY OIDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
BARICAUA, LENNY OIDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 909 380 133 0000

3 Payee's Name ▸ BARRERA, DENNIS ALARCON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BARRERA, DENNIS ALARCON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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Kagawaran ng Pananalapi
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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 ▸ 456 263 214 0000

3 Payee's Name ▸ BARRIENTOS, KATHRINA SAN DIEGO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BARRIENTOS, KATHRINA SAN DIEGO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 255 127 473 0000

3 Payee's Name ▸ ANCAJA, MARIE ANGELI DE LUNA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
ANCAJA, MARIE ANGELI DE LUNA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 444 842 233 0000

3 Payee's Name ▸ BASBANO, JONA LEE PAGAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BASBANO, JONA LEE PAGAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 451 707 911 0000

3 Payee's Name ▸ BERANO, RIVA BIGALBAL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BERANO, RIVA BIGALBAL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 270 081 025 0000

3 Payee's Name ▸ BOGO, CLYDE DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
BOGO, CLYDE DELA CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 418 525 027 0000

3 Payee's Name ▸ BOLSO, RUTH NOROMBABA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BOLSO, RUTH NOROMBABA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 474 424 626 0000

3 Payee's Name ▸ BONTO, ISABEL ANDREA BACABAC
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,824.55	804.74
Total					26,824.55	804.74

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

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

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

Conforme:
BONTO, ISABEL ANDREA BACABAC
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 442 170 537 0000

3 Payee's Name ▸ BUG ATAN, ARIEL TORRES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
BUG ATAN, ARIEL TORRES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 497 600 383 0000

3 Payee's Name ▸ BULACAN, KAROLYN JOY REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
BULACAN, KAROLYN JOY REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BULANHAGUI, NEZIE IVY R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
BULANHAGUI, NEZIE IVY R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 455 927 749 0000

3 Payee's Name ▸ CABATIC, APRIL JOY ASPECTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,426.27	402.79
Total					13,426.27	402.79

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

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

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

Conforme:

CABATIC, APRIL JOY ASPECTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ► 425 369 356 0000

3 Payee's Name ► CABIGTING, CLARISSE JANE JAMISON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ► 4A Zip Code ►

5 Foreign Address ► 5A Zip Code ►

Payor Information

6 Taxpayer Identification Number ► 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,036.85	391.11
Total					13,036.85	391.11

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

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

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

Conforme:
CABIGTING, CLARISSE JANE JAMISON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 424 302 489 0000

3 Payee's Name ▸ CABLAYAN, MARJORIE ANN GODOY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CABLAYAN, MARJORIE ANN GODOY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ► 153 458 040 0000

3 Payee's Name ► CABUS, LEONORA GALOPE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ►

4A Zip Code ►

5 Foreign Address ►

5A Zip Code ►

Payor Information

6 Taxpayer Identification Number ► 437 135 027 0000

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

8 Registered Address ► WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY

8A Zip Code ► 1550

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CABUS, LEONORA GALOPE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 432 514 924 0000

3 Payee's Name ▸ CADISAL, LOURIE LEE DEMAGANTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CADISAL, LOURIE LEE DEMAGANTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 473 913 453 0000

3 Payee's Name ▸ CAJIGAS, ALYZZA JOY SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
CAJIGAS, ALYZZA JOY SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 311 501 030 0000

3 Payee's Name ▸ CALINGASAN, CHRISTINE JOY PACPACO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
CALINGASAN, CHRISTINE JOY PACPACO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 496 019 761 0000

3 Payee's Name ▸ CALONG, ARLYN YADAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,408.46	402.25
Total					13,408.46	402.25

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

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

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

Conforme:

CALONG, ARLYN YADAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 290 275 259 0000

3 Payee's Name ▸ CANDELARIO, KARL PAOLO LORIEGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				24,340.38	730.21
Total					24,340.38	730.21

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

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

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

Conforme:
CANDELARIO, KARL PAOLO LORIEGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 409 384 696 0000

3 Payee's Name ▸ CARAIG, SARAH JANE CUA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CARAIG, SARAH JANE CUA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 400 409 851 0000

3 Payee's Name ▸ CASTANEDA, EL MISSTIE DEL ROSARIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CASTANEDA, EL MISSTIE DEL ROSARIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 259 331 111 0000

3 Payee's Name ▸ CASTILLANO, BEVERLY ANNE ILAGAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
CASTILLANO, BEVERLY ANNE ILAGAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 477 424 020 0000

3 Payee's Name ▸ CASTILLO, JOY DIEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,217.27	366.52
Total					12,217.27	366.52

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

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

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

Conforme:
CASTILLO, JOY DIEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 309 404 012 0000

3 Payee's Name ▸ CASTILLO, LEVY ANN CHRISTIAN CORONEL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CASTILLO, LEVY ANN CHRISTIAN CORONEL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 487 040 534 0000

3 Payee's Name ▸ CASTRO, PRINCE ART CASCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CASTRO, PRINCE ART CASCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 220 541 065 0000

3 Payee's Name ▸ CENTENO, MA CONSUELO CUASAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,875.45	806.26
Total					26,875.45	806.26

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

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

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

Conforme:
CENTENO, MA CONSUELO CUASAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 318 399 198 0000

3 Payee's Name ▸ CHAN, JANSSEN RIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
CHAN, JANSSEN RIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 447 554 838 0000

3 Payee's Name ▸ CHU, ROD LLANES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CHU, ROD LLANES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 484 477 384 0000

3 Payee's Name ▸ CLATA, JANINE ANGELICA TORRES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,370.28	401.11
Total					13,370.28	401.11

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

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

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

Conforme:
CLATA, JANINE ANGELICA TORRES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 430 892 462 0000

3 Payee's Name ▸ CLEMENTE, ACE VIRGIL FLORESCA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CLEMENTE, ACE VIRGIL FLORESCA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 275 674 329 0000

3 Payee's Name ▸ COLINARES, FRANCIZ GATBONTON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,267.14	788.01
Total					26,267.14	788.01

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

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

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

Conforme:
COLINARES, FRANCIZ GATBONTON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 278 507 466 0000

3 Payee's Name ▸ CONCEPCION, DARIAN SERGIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CONCEPCION, DARIAN SERGIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 310 851 060 0000

3 Payee's Name ▸ CONCEPCION, MARY JO DREYFUS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
CONCEPCION, MARY JO DREYFUS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld 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 ▸ 473 843 703 0000

3 Payee's Name ▸ CORNEJO, ANJENETTE VILLALUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CORNEJO, ANJENETTE VILLALUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 416 966 131 0000

3 Payee's Name ▸ CORONIA, SEIGE FRED RAMIREZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,209.93	396.30
Total					13,209.93	396.30

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

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

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

Conforme:
CORONIA, SEIGE FRED RAMIREZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 125 525 061 0000

3 Payee's Name ▸ CORTEZ, THEODORA VALENCIANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
CORTEZ, THEODORA VALENCIANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 475 079 834 0000

3 Payee's Name ▸ CRUZ, NATHANIEL ELCID LIBUNAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CRUZ, NATHANIEL ELCID LIBUNAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 437 794 876 0000

3 Payee's Name ▸ CRUZ, REGINE ROLDAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CRUZ, REGINE ROLDAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 465 388 426 0000

3 Payee's Name ▸ CUDAL, MARC LOWELL FUCANAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,400.82	402.02
Total					13,400.82	402.02

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

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

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

Conforme:
CUDAL, MARC LOWELL FUCANAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 224 938 870 0000

3 Payee's Name ▸ CUEVAS, CLARISSA APETIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,418.64	402.56
Total					13,418.64	402.56

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

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

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

Conforme:
CUEVAS, CLARISSA APETIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 472 345 153 0000

3 Payee's Name ▸ CUI, ANNA ROSE GELLANGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
CUI, ANNA ROSE GELLANGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
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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 ▸ 445 104 212 0000

3 Payee's Name ▸ CUSTORIO, RHYS ANN PASTOR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:

CUSTORIO, RHYS ANN PASTOR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 317 231 267 0000

3 Payee's Name ▸ DAMALIN, RACHEL GUNGON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DAMALIN, RACHEL GUNGON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 426 783 107 0000

3 Payee's Name ▸ DAMOS, MA BITUIN CABAJES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				25,483.19	764.50
Total					25,483.19	764.50

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

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

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

Conforme:

DAMOS, MA BITUIN CABAJES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 363 499 0000

3 Payee's Name ▸ DAP OG, MARY KNOLL MONTALBAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DAP OG, MARY KNOLL MONTALBAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 481 879 949 0000

3 Payee's Name ▸ DAVID, MA THERESA MOYANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DAVID, MA THERESA MOYANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 452 104 166 0000

3 Payee's Name ▸ DE CASTRO, BUDDY LOUIE GANTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DE CASTRO, BUDDY LOUIE GANTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

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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 ▸ 496 047 225 0000

3 Payee's Name ▸ DE CASTRO, ERICK NICKO YOLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
DE CASTRO, ERICK NICKO YOLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 405 089 993 0000

3 Payee's Name ▸ DE GUZMAN, MARIA ELENA SARMIENTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DE GUZMAN, MARIA ELENA SARMIENTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 405 330 180 0000

3 Payee's Name ▸ DE GUZMAN, MICHAEL PAULO CALZADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DE GUZMAN, MICHAEL PAULO CALZADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 310 328 933 0000

3 Payee's Name ▸ DE VELA, RALPH MICHAEL REGALA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DE VELA, RALPH MICHAEL REGALA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

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

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 856 100 0000

3 Payee's Name ▸ DEAPERA, KRISTINE JOY LOPERA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

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

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

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

Conforme:
DEAPERA, KRISTINE JOY LOPERA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 475 187 860 0000

3 Payee's Name ▸ DEAZETA, REYNALDO JR DELA PAZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

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

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

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

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

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

Conforme:
DEAZETA, REYNALDO JR DELA PAZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 278 532 067 0000

3 Payee's Name ▸ DEIPARINE, DOMINIC GATLABAYAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DEIPARINE, DOMINIC GATLABAYAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 416 472 124 0000

3 Payee's Name ▸ DEL ROSARIO, RITCHELL BALDIVIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DEL ROSARIO, RITCHELL BALDIVIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 581 028 0000

3 Payee's Name ▸ DELA CRUZ, KRISTINE FERNANDEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				4,074.97	122.25
Total					4,074.97	122.25

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, KRISTINE FERNANDEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 463 555 290 0000

3 Payee's Name ▸ DELA CRUZ, MARIA CHRISTINA GALVEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, MARIA CHRISTINA GALVEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 260 476 600 0000

3 Payee's Name ▸ DELA CRUZ, PILAR LUZ PEREZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, PILAR LUZ PEREZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 200 640 959 0000

3 Payee's Name ▸ DELDA, CECELIA GLENETH LOBO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELDA, CECELIA GLENETH LOBO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 251 395 294 0000

3 Payee's Name ▸ DELOS REYES, JOSELITO JR COLLADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELOS REYES, JOSELITO JR COLLADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 403 207 370 0000

3 Payee's Name ▸ DELOS REYES, MARINOR APAREJADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELOS REYES, MARINOR APAREJADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 476 999 026 0000

3 Payee's Name ▸ DELOS SANTOS, SHYLENE FERRER
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELOS SANTOS, SHYLENE FERRER
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 451 365 449 0000

3 Payee's Name ▸ DEOCALES, JENNELYN GELBAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DEOCALES, JENNELYN GELBAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 481 573 744 0000

3 Payee's Name ▸ DEVERA, CATALINO ROSARIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DEVERA, CATALINO ROSARIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 285 172 778 0000

3 Payee's Name ▸ DIMAS, PAUL VINCENT DAET
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIMAS, PAUL VINCENT DAET
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 404 580 625 0000

3 Payee's Name ▸ DIVINO, CATHY PINEDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIVINO, CATHY PINEDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 276 583 688 0000

3 Payee's Name ▸ DOLLAR, MAGNOLIA FLORES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOLLAR, MAGNOLIA FLORES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 318 410 719 0000

3 Payee's Name ▸ DOMINGO, MA SHANE MAY CARO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,811.82	804.35
Total					26,811.82	804.35

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOMINGO, MA SHANE MAY CARO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 433 352 302 0000

3 Payee's Name ▸ DOMINGUEZ, JEZREEL ESCUBIDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOMINGUEZ, JEZREEL ESCUBIDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 297 034 251 0000

3 Payee's Name ▸ DUCAY, MARY JOY DOCTOR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DUCAY, MARY JOY DOCTOR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 303 897 999 0000

3 Payee's Name ▸ DUMADARA, JESSA CURITANA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DUMADARA, JESSA CURITANA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 463 603 274 0000

3 Payee's Name ▸ DUMLAO, CLAUDINE PRECIOSA SALAMANCA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DUMLAO, CLAUDINE PRECIOSA SALAMANCA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 288 252 836 0000

3 Payee's Name ▸ DURIAN, MYLEEN BIELZA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DURIAN, MYLEEN BIELZA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 423 277 442 0000

3 Payee's Name ▸ EBUEN, JESSICA MAE KEH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,217.27	366.52
Total					12,217.27	366.52

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EBUEN, JESSICA MAE KEH
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 438 486 966 0000

3 Payee's Name ▸ EGUICO, REMIROSE NIETES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EGUICO, REMIROSE NIETES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 286 244 878 0000

3 Payee's Name ▸ ENRILE, CHRISTIAN MENONCIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ENRILE, CHRISTIAN MENONCIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ► 332 030 258 0000

3 Payee's Name ► ENTERIA, SEAN MALCOLM MANDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ►
4A Zip Code ►

5 Foreign Address ►
5A Zip Code ►

Payor Information

6 Taxpayer Identification Number ► 437 135 027 0000

7 Payor's Name ► CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ► WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY
8A Zip Code ► 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				23,454.62	703.64
Total					23,454.62	703.64

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Conforme:

ENTERIA, SEAN MALCOLM MANDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Republika ng Pilipinas
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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 ▸ 295 370 978 0000

3 Payee's Name ▸ ESGUERRA, JED BARNETTE CASTRO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESGUERRA, JED BARNETTE CASTRO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 390 242 0000

3 Payee's Name ▸ ESPANOL, MARK JOSEPH CABELIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESPANOL, MARK JOSEPH CABELIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ESTANISLAO, RALPH RYAN L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESTANISLAO, RALPH RYAN L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 458 747 027 0000

3 Payee's Name ▸ ESTILLERO, SHEENA MAVERICK ALENMEL GALILA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESTILLERO, SHEENA MAVERICK ALENMEL GALILA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 243 954 215 0000

3 Payee's Name ▸ ESTRADA, GLESILDA BULATAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESTRADA, GLESILDA BULATAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 218 119 905 0000

3 Payee's Name ▸ EUGENIO, CARLA RUBLICO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,413.55	402.41
Total					13,413.55	402.41

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EUGENIO, CARLA RUBLICO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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2307
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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 ▸ 458 338 434 0000

3 Payee's Name ▸ EVANGELISTA, IVY VELASCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EVANGELISTA, IVY VELASCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 312 672 958 0000

3 Payee's Name ▸ EVANGELISTA, ROXANNE JEAN LOBO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,839.82	805.19
Total					26,839.82	805.19

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:
EVANGELISTA, ROXANNE JEAN LOBO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 231 668 832 0000

3 Payee's Name ▸ FAMARAN, MONA LIZA KENIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,436.45	403.09
Total					13,436.45	403.09

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FAMARAN, MONA LIZA KENIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 443 677 179 0000

3 Payee's Name ▸ FERNANDEZ, FAITH ANGELINE CUYUGAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FERNANDEZ, FAITH ANGELINE CUYUGAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 235 052 196 0000

3 Payee's Name ▸ FILOMENO, ODIELON CAPISTRANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,418.64	402.56
Total					13,418.64	402.56

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FILOMENO, ODIELON CAPISTRANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 296 039 386 0000

3 Payee's Name ▸ FIRMALINO, MARIA SOPHIA PARULAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				25,656.27	769.69
Total					25,656.27	769.69

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FIRMALINO, MARIA SOPHIA PARULAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 481 574 021 0000

3 Payee's Name ▸ GABRIEL, CATHERINE ANGEL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GABRIEL, CATHERINE ANGEL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 191 402 789 0000

3 Payee's Name ▸ GALAM, RICHARD BARUT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GALAM, RICHARD BARUT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 464 922 981 0000

3 Payee's Name ▸ GANANCIAS, SHYRA DE LEON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GANANCIAS, SHYRA DE LEON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 451 988 705 0000

3 Payee's Name ▸ GEGATO, ELLA MARIE TORALBALLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GEGATO, ELLA MARIE TORALBALLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 430 286 737 0000

3 Payee's Name ▸ GO, NOEL JR ABUAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

GO, NOEL JR ABUAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 288 900 658 0000

3 Payee's Name ▸ GODOY, MELANIE UMALI
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GODOY, MELANIE UMALI
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 496 504 0000

3 Payee's Name ▸ GOMEZ, DAN ISTURIS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				40,317.00	1,209.51
Total					40,317.00	1,209.51

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GOMEZ, DAN ISTURIS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 234 899 894 0000

3 Payee's Name ▸ GONZALES, ALF JASPER LUMABI
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GONZALES, ALF JASPER LUMABI
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 422 982 359 0000

3 Payee's Name ▸ GONZALES, EDWARD EARL DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GONZALES, EDWARD EARL DELA CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 303 800 960 0000

3 Payee's Name ▸ GONZALES, MARIA NOELYN DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				10,791.93	323.76
Total					10,791.93	323.76

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GONZALES, MARIA NOELYN DELA CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 472 877 497 0000

3 Payee's Name ▸ GUARIN, JOHN ANTHONY BRIGINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GUARIN, JOHN ANTHONY BRIGINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 212 129 187 0000

3 Payee's Name ▸ GUMAPAS, ALBERT JR REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GUMAPAS, ALBERT JR REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 312 449 488 0000

3 Payee's Name ▸ GUTIERREZ, MARIA REGINA MAPPALA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				11,878.75	356.36
Total					11,878.75	356.36

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Conforme:

GUTIERREZ, MARIA REGINA MAPPALA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 298 160 239 0000

3 Payee's Name ▸ HAGURING, LEMUEL PILONGO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				24,434.55	733.04
Total					24,434.55	733.04

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HAGURING, LEMUEL PILONGO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 473 819 648 0000

3 Payee's Name ▸ HEREDERO, URIEL VILLAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HEREDERO, URIEL VILLAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld 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 ▸ 477 082 779 0000

3 Payee's Name ▸ HERNANDEZ, KATHRINA MARIE TAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HERNANDEZ, KATHRINA MARIE TAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 431 423 257 0000

3 Payee's Name ▸ HERRERA, KRIZELLE MARIE EUSTAQUIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HERRERA, KRIZELLE MARIE EUSTAQUIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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)

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 ▸ 466 812 640 0000

3 Payee's Name ▸ INOSANTO, FEBIE ADARINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
INOSANTO, FEBIE ADARINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 484 847 614 0000

3 Payee's Name ▸ JALLA, JELLY JANE PERMALINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,339.73	400.19
Total					13,339.73	400.19

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:
JALLA, JELLY JANE PERMALINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 406 848 563 0000

3 Payee's Name ▸ JAMER, AIRENE ALTAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JAMER, AIRENE ALTAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 310 485 806 0000

3 Payee's Name ▸ JARENO, JOSHUA MARI ATIENZA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,456.53	373.70
Total					12,456.53	373.70

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JARENO, JOSHUA MARI ATIENZA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 187 780 624 0000

3 Payee's Name ▸ JAYNARIO, BEVERLY RAYMUNDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

JAYNARIO, BEVERLY RAYMUNDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 284 491 727 0000

3 Payee's Name ▸ JIMENEZ, KRIS MARJORIE MOGUEIS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JIMENEZ, KRIS MARJORIE MOGUEIS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 497 819 796 0000

3 Payee's Name ▸ KALAW, ANA LIZA LOPEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,872.91	806.19
Total					26,872.91	806.19

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:
KALAW, ANA LIZA LOPEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 439 676 184 0000

3 Payee's Name ▸ KHO, JOHN EMERSON DIAZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
KHO, JOHN EMERSON DIAZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 416 472 212 0000

3 Payee's Name ▸ LARIOSA, SEAN CARLO VERA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LARIOSA, SEAN CARLO VERA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 402 708 196 0000

3 Payee's Name ▸ LAROSA, MELISSA CORINNE SALINAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LAROSA, MELISSA CORINNE SALINAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 431 783 853 0000

3 Payee's Name ▸ LAUREL, IVY LAARNI DERAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LAUREL, IVY LAARNI DERAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | 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.
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 ▸ 446 219 480 0000

3 Payee's Name ▸ LAZARO, JERINYL VILLANUEVA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LAZARO, JERINYL VILLANUEVA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 433 400 839 0000

3 Payee's Name ▸ LAZARO, JOSEFA GASPAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LAZARO, JOSEFA GASPAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 400 509 518 0000

3 Payee's Name ▸ LEGASPI, HERMINIO JR CADETE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LEGASPI, HERMINIO JR CADETE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 169 063 652 0000

3 Payee's Name ▸ LEYCO, FELIX JR CABALNO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LEYCO, FELIX JR CABALNO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 432 488 727 0000

3 Payee's Name ▸ LI, KIM CHAELINE SALVADOR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LI, KIM CHAELINE SALVADOR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 293 585 793 0000

3 Payee's Name ▸ LINSANGAN, NICA ROSE MALABANAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LINSANGAN, NICA ROSE MALABANAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 281 113 073 0000

3 Payee's Name ▸ LIQUIDO, ARTHUR RICHMOND ALDEA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LIQUIDO, ARTHUR RICHMOND ALDEA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 314 944 173 0000

3 Payee's Name ▸ LOPEZ, ERROL RISANTI ROXAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LOPEZ, ERROL RISANTI ROXAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 459 131 331 0000

3 Payee's Name ▸ LOPEZ, KARYLL ROIE QUERIJERO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LOPEZ, KARYLL ROIE QUERIJERO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 459 832 530 0000

3 Payee's Name ▸ LOPEZ, MARCO ANGELO CORTEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LOPEZ, MARCO ANGELO CORTEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 453 091 430 0000

3 Payee's Name ▸ LORENZO, DARYLEEN GLORIOSO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LORENZO, DARYLEEN GLORIOSO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 416 002 726 0000

3 Payee's Name ▸ LORONO, MYLENE BRILLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,418.64	402.56
Total					13,418.64	402.56

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LORONO, MYLENE BRILLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 447 178 952 0000

3 Payee's Name ▸ LUCES, MARY ROSE SALIENTES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LUCES, MARY ROSE SALIENTES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 289 054 845 0000

3 Payee's Name ▸ MACAPAGAL, MARIAN THERESE CALUMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MACAPAGAL, MARIAN THERESE CALUMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 307 634 561 0000

3 Payee's Name ▸ MADELO, CATHERINE ANN MURILLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MADELO, CATHERINE ANN MURILLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 276 072 826 0000

3 Payee's Name ▸ MAGHIRANG, MARC VALIENTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MAGHIRANG, MARC VALIENTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 473 091 250 0000

3 Payee's Name ▸ MAGNAYON, CHERRY MAY DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MAGNAYON, CHERRY MAY DELA CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 443 258 280 0000

3 Payee's Name ▸ MAGNO, LARRY JOE FERNANDEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MAGNO, LARRY JOE FERNANDEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 440 956 957 0000

3 Payee's Name ▸ MAGSARILI, CHIARA MANAPAT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				12,217.27	366.52
Total					12,217.27	366.52

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MAGSARILI, CHIARA MANAPAT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 481 388 216 0000

3 Payee's Name ▸ MAHINAY, AIMI AUTOR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MAHINAY, AIMI AUTOR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 492 748 725 0000

3 Payee's Name ▸ MALEJANA, RUEL JR DE HITTA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MALEJANA, RUEL JR DE HITTA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 468 104 424 0000

3 Payee's Name ▸ MAMARIL, CRISTINA MORECHO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,819.46	804.58
Total					26,819.46	804.58

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:
MAMARIL, CRISTINA MORECHO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 481 864 272 0000

3 Payee's Name ▸ MANOZA, KARREN DIONISIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,228.96	786.87
Total					26,228.96	786.87

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MANOZA, KARREN DIONISIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld 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 ▸ 283 059 064 0000

3 Payee's Name ▸ MARCELO, ANA ADRIAH MANIGBAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,329.55	399.89
Total					13,329.55	399.89

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MARCELO, ANA ADRIAH MANIGBAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 222 122 075 0000

3 Payee's Name ▸ MARSADA, JACQUELINE PALOMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MARSADA, JACQUELINE PALOMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 213 829 003 0000

3 Payee's Name ▸ MARTINEZ, ALEXIE CARGULLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,256.96	787.71
Total					26,256.96	787.71

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

MARTINEZ, ALEXIE CARGULLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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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 ▸ 446 667 915 0000

3 Payee's Name ▸ MEDIANA, NIKKA MAE LORENZO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MEDIANA, NIKKA MAE LORENZO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 312 788 143 0000

3 Payee's Name ▸ MEDINA, KIMBERLY GALE DELA VEGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MEDINA, KIMBERLY GALE 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

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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 ▸ 434 304 159 0000

3 Payee's Name ▸ MELENCIO, PRINCESS JOY VERGARA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MELENCIO, PRINCESS JOY VERGARA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 433 946 652 0000

3 Payee's Name ▸ MENDOZA, MA JESSICA POLICAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,421.18	402.64
Total					13,421.18	402.64

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MENDOZA, MA JESSICA POLICAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 313 851 410 0000

3 Payee's Name ▸ MICIANO, ALEXIS CHARLA LOVERIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MICIANO, ALEXIS CHARLA LOVERIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 450 737 056 0000

3 Payee's Name ▸ MIRANDA, CAMILLE JOY ESTRADA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,267.14	788.01
Total					26,267.14	788.01

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MIRANDA, CAMILLE JOY ESTRADA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 412 357 341 0000

3 Payee's Name ▸ MIRANDA, JOHN MARTIN PANGANIBAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MIRANDA, JOHN MARTIN PANGANIBAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 418 659 893 0000

3 Payee's Name ▸ MIRONTOS, EDRALENE CABATIC
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				12,217.27	366.52
Total					12,217.27	366.52

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MIRONTOS, EDRALENE CABATIC
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 268 917 890 0000

3 Payee's Name ▸ MOGOL, MARIA THERESA JUDLOMAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MOGOL, MARIA THERESA JUDLOMAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 934 364 743 0000

3 Payee's Name ▸ MOLINA, GERALDINE SALAZAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				12,168.91	365.07
Total					12,168.91	365.07

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MOLINA, GERALDINE SALAZAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 330 214 768 0000

3 Payee's Name ▸ MONTERO, ALMIRA BELLE MENDRANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MONTERO, ALMIRA BELLE MENDRANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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2307
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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 ▸ 309 357 606 0000

3 Payee's Name ▸ MONTOYA, DANICA CASI
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MONTOYA, DANICA CASI
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 308 944 921 0000

3 Payee's Name ▸ MORALES, JESSICA ANNE LAMPA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MORALES, JESSICA ANNE LAMPA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 415 974 842 0000

3 Payee's Name ▸ NACION, AERIS JANICE DUBLADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NACION, AERIS JANICE DUBLADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 262 584 960 0000

3 Payee's Name ▸ NATIVIDAD, ARLENE QUEBRAL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NATIVIDAD, ARLENE QUEBRAL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 293 554 352 0000

3 Payee's Name ▸ NAVARRO, MAROU LYNETTE DE GUZMAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAVARRO, MAROU LYNETTE DE GUZMAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
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 ▸ 254 311 978 0000

3 Payee's Name ▸ NIEGAS, AMOR ALDEA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NIEGAS, AMOR ALDEA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 430 529 801 0000

3 Payee's Name ▸ NOCUM, JOHN PAUL NICKO CANLAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NOCUM, JOHN PAUL NICKO CANLAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 296 045 649 0000

3 Payee's Name ▸ OBIEN, JEAN FORNTEVEROS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
OBIEN, JEAN FORNTEVEROS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 951 176 0000

3 Payee's Name ▸ ORENDAIN, MAJENDY SALONGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ORENDAIN, MAJENDY SALONGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 418 815 416 0000

3 Payee's Name ▸ ORTEGA, MARIA ROXANNE BUAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ORTEGA, MARIA ROXANNE BUAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 436 923 651 0000

3 Payee's Name ▸ PADILLA, BERNARD ELIAS MACEDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,349.92	400.50
Total					13,349.92	400.50

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PADILLA, BERNARD ELIAS MACEDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 419 123 233 0000

3 Payee's Name ▸ PADILLA, VANESSA SICAT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PADILLA, VANESSA SICAT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 104 792 562 0000

3 Payee's Name ▸ PAGSUYOIN, MA LUISA ALBA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,408.46	402.25
Total					13,408.46	402.25

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAGSUYOIN, MA LUISA ALBA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 463 601 351 0000

3 Payee's Name ▸ PALAYAR, JOCELYN PALO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PALAYAR, JOCELYN PALO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 278 676 520 0000

3 Payee's Name ▸ PALENCIA, SAMANTHA GEORGIA PINEDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PALENCIA, SAMANTHA GEORGIA PINEDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 297 145 871 0000

3 Payee's Name ▸ PAMBID, RACQUEL ESPIRITU
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAMBID, RACQUEL ESPIRITU
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 290 229 717 0000

3 Payee's Name ▸ PANGAN, CRISELDA CALVADORES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PANGAN, CRISELDA CALVADORES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 457 099 910 0000

3 Payee's Name ▸ PANGANIBAN, LOWELLA VINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PANGANIBAN, LOWELLA VINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 400 618 0000

3 Payee's Name ▸ PAREJA, APRIL SENGCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAREJA, APRIL SENGCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 291 729 193 0000

3 Payee's Name ▸ PARTORIZA, BRENDA TABERNILLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PARTORIZA, BRENDA TABERNILLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 317 827 455 0000

3 Payee's Name ▸ PASTOLERO, KRISTOFER KIM MASCARINA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PASTOLERO, KRISTOFER KIM MASCARINA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 217 350 508 0000

3 Payee's Name ▸ PASTOR, NANCY BANANCILA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PASTOR, NANCY BANANCILA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 440 736 996 0000

3 Payee's Name ▸ PATALINGHUG, KNOLIEL MISTY RAMOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PATALINGHUG, KNOLIEL MISTY RAMOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
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 ▸ 446 783 929 0000

3 Payee's Name ▸ PAULINO, ANGELO NAZARENE SABADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAULINO, ANGELO NAZARENE SABADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 310 205 972 0000

3 Payee's Name ▸ PAULINO, JOHN PAUL RIMANDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAULINO, JOHN PAUL RIMANDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 433 645 878 0000

3 Payee's Name ▸ PAYAWAL, DONNA CALMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAYAWAL, DONNA CALMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 316 032 115 0000

3 Payee's Name ▸ PERALES, MA CAROLINA FAILANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PERALES, MA CAROLINA FAILANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 463 524 694 0000

3 Payee's Name ▸ PEREGRINO, FARAH JAY CAMINONG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PEREGRINO, FARAH JAY CAMINONG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 488 540 450 0000

3 Payee's Name ▸ POTESTAD, MHYL ZHELA VIE GARCIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
POTESTAD, MHYL ZHELA VIE GARCIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 314 106 465 0000

3 Payee's Name ▸ PRESALDO, ROSE MAE ANDANAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,405.91	402.18
Total					13,405.91	402.18

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PRESALDO, ROSE MAE ANDANAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 406 969 343 0000

3 Payee's Name ▸ PUNO, ELOUJANE JOY BABAILAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PUNO, ELOUJANE JOY BABAILAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 470 329 315 0000

3 Payee's Name ▸ QUIJENCIO, ANDREA JONNELLE ESPINOSA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,431.36	402.94
Total					13,431.36	402.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
QUIJENCIO, ANDREA JONNELLE ESPINOSA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 428 527 663 0000

3 Payee's Name ▸ RANA, MARICAR DIMAPASOC
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RANA, MARICAR DIMAPASOC
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 463 591 321 0000

3 Payee's Name ▸ REBOLDELA, KARL MARX ASILDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

REBOLDELA, KARL MARX ASILDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 411 583 188 0000

3 Payee's Name ▸ REMON, REGINE DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				25,241.39	757.24
Total					25,241.39	757.24

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REMON, REGINE DELA CRUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 441 624 083 0000

3 Payee's Name ▸ RESUMA, CELLENE JAMITO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				25,450.10	763.50
Total					25,450.10	763.50

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RESUMA, CELLENE JAMITO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 440 113 389 0000

3 Payee's Name ▸ REVOCAL, JRETHEL JHEAN QUINONES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REVOCAL, JRETHEL JHEAN QUINONES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 924 043 338 0000

3 Payee's Name ▸ REYES, JENNIFER JOY RAMOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REYES, JENNIFER JOY RAMOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 276 773 757 0000

3 Payee's Name ▸ REYES, RICHARD LEO GUILLERMO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REYES, RICHARD LEO GUILLERMO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 418 077 755 0000

3 Payee's Name ▸ REYES, ROMIL ANNE REMOT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REYES, ROMIL ANNE REMOT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 434 948 242 0000

3 Payee's Name ▸ RINGOR, FRANCES PAULETTE CALZADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RINGOR, FRANCES PAULETTE CALZADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 475 357 268 0000

3 Payee's Name ▸ ROBEL, CLOBERT JR MANZANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ROBEL, CLOBERT JR MANZANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 513 199 0000

3 Payee's Name ▸ ROSAL, BLESSYBELLE MASIAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ROSAL, BLESSYBELLE MASIAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 269 920 502 0000

3 Payee's Name ▸ RUBIO, JUAN CARLO ARUCAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RUBIO, JUAN CARLO ARUCAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 441 511 709 0000

3 Payee's Name ▸ RUIZ, MICHAEL DAVID SAN AGUSTIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RUIZ, MICHAEL DAVID SAN AGUSTIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 286 416 620 0000

3 Payee's Name ▸ SAAVEDRA, MELBET LAUZON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAAVEDRA, MELBET LAUZON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 281 094 059 0000

3 Payee's Name ▸ SAN MIGUEL, HELEN KERRY LABARO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				24,297.11	728.91
Total					24,297.11	728.91

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAN MIGUEL, HELEN KERRY LABARO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 305 934 955 0000

3 Payee's Name ▸ SANDOVAL, FRANCES ANN SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANDOVAL, FRANCES ANN SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 412 457 476 0000

3 Payee's Name ▸ SANDOVAL, KATHRINE PINKY CASTILLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,748.19	802.45
Total					26,748.19	802.45

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANDOVAL, KATHRINE PINKY CASTILLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 312 985 497 0000

3 Payee's Name ▸ SANOSA, PEARL ANN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANOSA, PEARL ANN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 409 996 103 0000

3 Payee's Name ▸ SANTIAGO, RENZ MARLON DAVID
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANTIAGO, RENZ MARLON DAVID
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
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 ▸ 224 694 891 0000

3 Payee's Name ▸ SARMIENTO, DONNA EDLES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,872.91	806.19
Total					26,872.91	806.19

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:
SARMIENTO, DONNA EDLES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 308 256 444 0000

3 Payee's Name ▸ SAYNO, MARK ANTHONY ALMEIDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAYNO, MARK ANTHONY ALMEIDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 400 484 376 0000

3 Payee's Name ▸ SIGGAYO, MICHELLE PAULA ZINAMPAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SIGGAYO, MICHELLE PAULA ZINAMPAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 422 887 205 0000

3 Payee's Name ▸ SILVA, BOBBET PALOMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SILVA, BOBBET PALOMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 307 675 577 0000

3 Payee's Name ▸ SOLIS, GUILLER MONTILLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,816.91	804.51
Total					26,816.91	804.51

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SOLIS, GUILLER MONTILLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 496 343 505 0000

3 Payee's Name ▸ SONES, MARIA LOLITA MONSAYAC
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,260.83	397.82
Total					13,260.83	397.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SONES, MARIA LOLITA MONSAYAC
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 415 638 789 0000

3 Payee's Name ▸ SONGALIA, ROBERT JR MEJARES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SONGALIA, ROBERT JR MEJARES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 299 268 150 0000

3 Payee's Name ▸ SOTTO, ARMI LOPEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SOTTO, ARMI LOPEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 402 343 515 0000

3 Payee's Name ▸ SUBA AN, MARK ANTHONY VILLASIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SUBA AN, MARK ANTHONY VILLASIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 433 712 485 0000

3 Payee's Name ▸ TABERNA, DEN ARKLON BINUYA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TABERNA, DEN ARKLON BINUYA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 432 855 994 0000

3 Payee's Name ▸ TABUZO, MAREIA CHERRIE MAYORES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TABUZO, MAREIA CHERRIE MAYORES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 221 182 540 0000

3 Payee's Name ▸ TADIOS, MA. LOUTHELMA FELICIANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TADIOS, MA. LOUTHELMA FELICIANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 413 404 463 0000

3 Payee's Name ▸ TAMAYO, JEROME BORLONGAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TAMAYO, JEROME BORLONGAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 271 306 202 0000

3 Payee's Name ▸ TERUEL, JOHN MICHAEL ALANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TERUEL, JOHN MICHAEL ALANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld 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 ▸ 500 525 259 0000

3 Payee's Name ▸ TIMOG, RICHELLE FRANCISCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TIMOG, RICHELLE FRANCISCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 720 940 0000

3 Payee's Name ▸ TONQUIN, LOUREE VIC SUBEBE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TONQUIN, LOUREE VIC SUBEBE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 313 112 062 0000

3 Payee's Name ▸ TRIVILLO, JANLY DESAMPARADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TRIVILLO, JANLY DESAMPARADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 481 573 501 0000

3 Payee's Name ▸ TUBBALI, MICHELLE ANGELICA ARELLANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TUBBALI, MICHELLE ANGELICA ARELLANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 160 581 058 0000

3 Payee's Name ▸ TURK, MINERVA IGAMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				23,212.82	696.38
Total					23,212.82	696.38

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TURK, MINERVA IGAMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 462 434 347 0000

3 Payee's Name ▸ TUTAAN, JOHN JOHNINE PUROC
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TUTAAN, JOHN JOHNINE PUROC
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 313 972 520 0000

3 Payee's Name ▸ UNCIANO, JANELLE ZYRA GONZAGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
UNCIANO, JANELLE ZYRA GONZAGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 415 997 807 0000

3 Payee's Name ▸ URCIA, MARIA CORAZON RUIZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
URCIA, MARIA CORAZON RUIZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 469 313 310 0000

3 Payee's Name ▸ URENA, ARRABELLE REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
URENA, ARRABELLE REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 463 563 527 0000

3 Payee's Name ▸ VALDEZ, CHARMAGNE KRYCK AGRAMON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VALDEZ, CHARMAGNE KRYCK AGRAMON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 287 588 204 0000

3 Payee's Name ▸ VALDEZ, VANESSA GAREJO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VALDEZ, VANESSA GAREJO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 904 122 051 0000

3 Payee's Name ▸ VARGAS, FLOZERFIDA GONZALES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VARGAS, FLOZERFIDA GONZALES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 279 274 436 0000

3 Payee's Name ▸ VERIDIANO, SHANE ARA CONSIGNADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VERIDIANO, SHANE ARA CONSIGNADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 313 571 830 0000

3 Payee's Name ▸ VIANA, JASMIN GUBALLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VIANA, JASMIN GUBALLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 263 741 048 0000

3 Payee's Name ▸ VIESCA, FERNA CRISELDA SUSANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VIESCA, FERNA CRISELDA SUSANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 308 873 155 0000

3 Payee's Name ▸ VILLAFUERTE, AIRES RHYZZYNNE MENDELEBAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,855.09	805.65
Total					26,855.09	805.65

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLAFUERTE, AIRES RHYZZYNNE MENDELEBAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 480 176 119 0000

3 Payee's Name ▸ VILLAMOR, JORDAN BALINGIT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLAMOR, JORDAN BALINGIT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 235 346 519 0000

3 Payee's Name ▸ VILLANUEVA, JENNIFER CLEMENTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLANUEVA, JENNIFER CLEMENTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 279 537 606 0000

3 Payee's Name ▸ VILLAR, JENNY ROSE NARES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLAR, JENNY ROSE NARES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 110 017 541 0000

3 Payee's Name ▸ YANGA, CHERRY LYN JACILDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
YANGA, CHERRY LYN JACILDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 492 030 117 0000

3 Payee's Name ▸ YOSORES, ANALIZA DELA PINA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				13,439.00	403.17
Total					13,439.00	403.17

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
YOSORES, ANALIZA DELA PINA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 287 670 426 0000

3 Payee's Name ▸ YPANTO, GRACE ANN BACO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				26,878.00	806.34
Total					26,878.00	806.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
YPANTO, GRACE ANN BACO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 500 279 140 0000

3 Payee's Name ▸ ABAINCIA, ANNA JEANNE ROSAL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ABAINCIA, ANNA JEANNE ROSAL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ABAINZA, CYRON A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,911.68	597.35
Total					19,911.68	597.35

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ABAINZA, CYRON A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 232 314 539 0000

3 Payee's Name ▸ ABROGAR, MARIA PIA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ABROGAR, MARIA PIA 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ABUBO, LAN LEE A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ABUBO, LAN LEE A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ACELAJADO, LARA MAE A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ACELAJADO, LARA MAE A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 257 410 293 0000

3 Payee's Name ▸ ADELINO, MARIETEEN MONETTE BERNARDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ADELINO, MARIETEEN MONETTE BERNARDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 412 476 947 0000

3 Payee's Name ▸ ADOBAS, JOVELYN YBANEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ADOBAS, JOVELYN YBANEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ ADRIANO, CARI JOYCE D
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				5,438.18	163.15
Total					5,438.18	163.15

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ADRIANO, CARI JOYCE D
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ AGUILAR, RONA G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AGUILAR, RONA G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 296 768 385 0000

3 Payee's Name ▸ AHORRO, MARILYN MELMON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AHORRO, MARILYN MELMON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ALCANTARA, AYRENE D
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ALCANTARA, AYRENE D
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ALDAVE, RONALD DE LUNA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,044.76	271.34
Total					9,044.76	271.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ALDAVE, RONALD DE LUNA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ALEJANDRIA, GENARO M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ALEJANDRIA, GENARO M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 301 248 184 0000

3 Payee's Name ▸ ALFONSO, ANGELO BABARAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ALFONSO, ANGELO BABARAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ALIODEN, JASMILAINIE L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,711.33	591.34
Total					19,711.33	591.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ALIODEN, JASMILAINIE L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ALLARDE, SHARMINA MONIC B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,913.56	597.41
Total					19,913.56	597.41

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ALLARDE, SHARMINA MONIC B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 415 429 077 0000

3 Payee's Name ▸ ALUDO, THELMA APABLE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ALUDO, THELMA APABLE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ AMANDY, MARY ANN MARGARETTE GUILLEN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,792.50	293.78
Total					9,792.50	293.78

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AMANDY, MARY ANN MARGARETTE GUILLEN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 311 069 928 0000

3 Payee's Name ▸ AMBUEGUIA, GLENN DOLLENTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AMBUEGUIA, GLENN DOLLENTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 500 948 527 0000

3 Payee's Name ▸ AMPARO, MARICEL MARASIGAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AMPARO, MARICEL MARASIGAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 320 010 766 0000

3 Payee's Name ▸ ANCHETA, MARIE ROVI ANNE GUMERA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANCHETA, MARIE ROVI ANNE GUMERA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 646 789 0000

3 Payee's Name ▸ ANES, ADRIAN SALUNA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANES, ADRIAN SALUNA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 414 287 613 0000

3 Payee's Name ▸ ANGELES, LESLEY CORTEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,033.64	571.01
Total					19,033.64	571.01

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANGELES, LESLEY CORTEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 438 628 435 0000

3 Payee's Name ▸ ANGELO, JEAN CLARENCE DIANSEN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANGELO, JEAN CLARENCE DIANSEN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 311 465 784 0000

3 Payee's Name ▸ APIN, MA APRIL DINGALAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,033.64	571.01
Total					19,033.64	571.01

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
APIN, MA APRIL DINGALAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ AQUINO, DONNABEL R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, DONNABEL R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 272 842 094 0000

3 Payee's Name ▸ AQUINO, SHIELLA CHARISSE MONTANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,033.64	571.01
Total					19,033.64	571.01

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, SHIELLA CHARISSE MONTANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 477 526 918 0000

3 Payee's Name ▸ AREVALO, KHRYZL ANN MACROHON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,960.56	298.82
Total					9,960.56	298.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AREVALO, KHRYZL ANN MACROHON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 402 660 799 0000

3 Payee's Name ▸ AREZA, LESTER MAR 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

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AREZA, LESTER MAR 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 306 032 699 0000

3 Payee's Name ▸ ARGARIN, AARON MATTHEW SOREBILLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ARGARIN, AARON MATTHEW SOREBILLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 218 314 039 0000

3 Payee's Name ▸ ARIAS, MIA REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ARIAS, MIA REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 308 397 398 0000

3 Payee's Name ▸ ARIPAL, MARILYN ARIZAPA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ARIPAL, MARILYN ARIZAPA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ AROY, JUDY LYN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AROY, JUDY LYN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 275 098 614 0000

3 Payee's Name ▸ ASTEO, ESTHER ANGELA PACHES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ASTEO, ESTHER ANGELA PACHES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 500 148 446 0000

3 Payee's Name ▸ AVILA, SHAHANIE BALENA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AVILA, SHAHANIE BALENA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 420 455 387 0000

3 Payee's Name ▸ AYALA, YVES ROCHE VITERBO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AYALA, YVES ROCHE VITERBO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ AZARCON, VIRGINIA V
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, VIRGINIA V
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 488 405 207 0000

3 Payee's Name ▸ BABIANO, RACHEL LLOREN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BABIANO, RACHEL LLOREN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BACALOCOS, RACELL TUAZON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BACALOCOS, RACELL TUAZON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 498 927 942 0000

3 Payee's Name ▸ BAHIL, DONNA CATES ACEBO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BAHIL, DONNA CATES ACEBO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 450 016 588 0000

3 Payee's Name ▸ BAHNI, AL MIKHAIL SAYSON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BAHNI, AL MIKHAIL SAYSON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BALANAY, JACQUELINE L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BALANAY, JACQUELINE L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 454 980 753 0000

3 Payee's Name ▸ BALE, MARY JOY ZUNIGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BALE, MARY JOY ZUNIGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BALGEMINO, EVAN ROY B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BALGEMINO, EVAN ROY B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 273 362 214 0000

3 Payee's Name ▸ BALLESTEROS, ROMEDA MORGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BALLESTEROS, ROMEDA MORGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BALOALOA, APRIL JOY D
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,826.70	594.80
Total					19,826.70	594.80

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BALOALOA, APRIL JOY D
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 500 141 503 0000

3 Payee's Name ▸ BALTAZAR, ANTHONY ZAFRA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BALTAZAR, ANTHONY ZAFRA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BANTILLO, ANNALYN MYRA MURILLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BANTILLO, ANNALYN MYRA MURILLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BANU, DEANNA N
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BANU, DEANNA N
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 316 354 971 0000

3 Payee's Name ▸ BANZUELA, JOHN ANDREW SARMIENTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,033.64	571.01
Total					19,033.64	571.01

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BANZUELA, JOHN ANDREW SARMIENTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 496 292 955 0000

3 Payee's Name ▸ BAPTISMA, CZARINA ANN BAYDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,902.02	297.06
Total					9,902.02	297.06

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BAPTISMA, CZARINA ANN BAYDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BARBOSA, JULIE PEARL P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BARBOSA, JULIE PEARL P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BARBOSA, ORLAND C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BARBOSA, ORLAND C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BARLIZO, LOVELY JANE M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BARLIZO, LOVELY JANE M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 474 020 118 0000

3 Payee's Name ▸ BARON, SHARMAINE CLAIRE LUNA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BARON, SHARMAINE CLAIRE LUNA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 314 527 488 0000

3 Payee's Name ▸ BARRIENTOS, MATTYNEL REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BARRIENTOS, MATTYNEL REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 329 609 401 0000

3 Payee's Name ▸ BARRIOS, ROCHELLE ANN RUIZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BARRIOS, ROCHELLE ANN RUIZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 500 389 740 0000

3 Payee's Name ▸ BARTOLO, PRINCESS CAMUA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BARTOLO, PRINCESS CAMUA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BAUSTISTA, MARIA JESSICA R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BAUSTISTA, MARIA JESSICA R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 330 740 076 0000

3 Payee's Name ▸ BAUTISTA, SHARLENE MAE TAMONDONG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BAUTISTA, SHARLENE MAE TAMONDONG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BAUTISTA, STELLA MARIZ C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BAUTISTA, STELLA MARIZ C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BELEN, BENHMER B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BELEN, BENHMER B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 465 695 609 0000

3 Payee's Name ▸ BERGANIO, CARLA VICTORIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BERGANIO, CARLA VICTORIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 324 485 036 0000

3 Payee's Name ▸ BERGONIO, KATRINA MARIE IRINCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BERGONIO, KATRINA MARIE IRINCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 122 566 407 0000

3 Payee's Name ▸ BERMUDEZ, VICENTE III AGANON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BERMUDEZ, VICENTE III AGANON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 461 972 975 0000

3 Payee's Name ▸ BERNARDO, ARVIN JEFF DUNKEN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,063.64	271.91
Total					9,063.64	271.91

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BERNARDO, ARVIN JEFF DUNKEN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 415 311 491 0000

3 Payee's Name ▸ BERNESTO, MARY GRACE ESPANTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,928.67	597.86
Total					19,928.67	597.86

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BERNESTO, MARY GRACE ESPANTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
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 ▸ 454 986 203 0000

3 Payee's Name ▸ BERSOLA, MARY JANE ANINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BERSOLA, MARY JANE ANINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld 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 ▸ 488 540 995 0000

3 Payee's Name ▸ BIGLANGAWA, ABEGAIL DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,031.75	570.95
Total					19,031.75	570.95

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BIGLANGAWA, ABEGAIL 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

Republika ng Pilipinas
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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 ▸ 909 466 198 0000

3 Payee's Name ▸ BOJOS, GRACIEL PENILLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BOJOS, GRACIEL PENILLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

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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 ▸ 417 853 737 0000

3 Payee's Name ▸ BOMBALES, MICHELLE LAUDIT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BOMBALES, MICHELLE LAUDIT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BONEO, LORENA 2ND D
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BONEO, LORENA 2ND D
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BONIFE, KESIAH KENN A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BONIFE, KESIAH KENN A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 451 454 891 0000

3 Payee's Name ▸ BONUS, MARK JOSEPH HOYLE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BONUS, MARK JOSEPH HOYLE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 320 874 959 0000

3 Payee's Name ▸ BORBON, RUBY SABILLENA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BORBON, RUBY SABILLENA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 431 299 194 0000

3 Payee's Name ▸ BORROMEO, RONALD GANCENA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,921.12	597.63
Total					19,921.12	597.63

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BORROMEO, RONALD GANCENA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BRAGAIS, ARLENE L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BRAGAIS, ARLENE L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ BRAVO, JONALYN L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BRAVO, JONALYN L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 932 676 402 0000

3 Payee's Name ▸ BUBOD, MAURO SARMIENTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BUBOD, MAURO SARMIENTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 192 224 125 0000

3 Payee's Name ▸ BUCASAS, CRISTINA VASQUEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				18,127.27	543.82
Total					18,127.27	543.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BUCASAS, CRISTINA VASQUEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BUENDIA, SHERYL R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BUENDIA, SHERYL R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BULADO, MARY JANE O
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BULADO, MARY JANE O
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BUSTALINIO, MADI
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BUSTALINIO, MADI
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 435 321 343 0000

3 Payee's Name ▸ BUSTOS, AMELIA LAGULA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,960.56	298.82
Total					9,960.56	298.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

BUSTOS, AMELIA LAGULA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 497 095 704 0000

3 Payee's Name ▸ CABURNAY, CHRISTINE MORALES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CABURNAY, CHRISTINE MORALES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸

3 Payee's Name ▸ CAGAMPANG, CATHERINE T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CAGAMPANG, CATHERINE T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 426 330 706 0000

3 Payee's Name ▸ CALINGACION, JEFFLEY BELARMINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CALINGACION, JEFFLEY BELARMINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 437 211 684 0000

3 Payee's Name ▸ CAMBA, ALEJANDRO JR CASTANOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CAMBA, ALEJANDRO JR CASTANOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 449 077 460 0000

3 Payee's Name ▸ CANCINO, LLONIDA RIVERA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CANCINO, LLONIDA RIVERA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 497 522 941 0000

3 Payee's Name ▸ CANESO, MARRY GRACE CADACIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CANESO, MARRY GRACE CADACIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 117 533 0000

3 Payee's Name ▸ CANILAO, SARAH MAE SALENGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CANILAO, SARAH MAE SALENGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 314 301 757 0000

3 Payee's Name ▸ CAO, ANALYN TANGCANGCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CAO, ANALYN TANGCANGCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CARANTO, JAMIE MARIE S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CARANTO, JAMIE MARIE S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 420 855 741 0000

3 Payee's Name ▸ CARDENAS, KRIZELLE BELISARIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CARDENAS, KRIZELLE BELISARIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CARIN, JOHN ROEL C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CARIN, JOHN ROEL C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 492 156 507 0000

3 Payee's Name ▸ CARINO, JOEL DELA CUESTA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

CARINO, JOEL DELA CUESTA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 501 237 446 0000

3 Payee's Name ▸ CARISMA, MARIZA CABO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

CARISMA, MARIZA CABO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CARPO, CINDY DE LUNA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CARPO, CINDY DE LUNA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 500 389 733 0000

3 Payee's Name ▸ CARREON, THERESA JHOANNA MARIE PANGANIBAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CARREON, THERESA JHOANNA MARIE PANGANIBAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 411 727 905 0000

3 Payee's Name ▸ CARRILLO, MARJERIE ESCALANTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸
4A Zip Code ▸

5 Foreign Address ▸
5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY
8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CARRILLO, MARJERIE ESCALANTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CASTILLO, LOUISE P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, LOUISE P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 501 214 545 0000

3 Payee's Name ▸ CASUNCAD, IRENE SILADAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,866.15	295.98
Total					9,866.15	295.98

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CASUNCAD, IRENE SILADAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 334 031 816 0000

3 Payee's Name ▸ CAYABYAB, NORBILENE BURIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CAYABYAB, NORBILENE BURIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CENGCA, MA RHENEA ANNE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CENGCA, MA RHENEA ANNE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CERCADO, DESIREE F
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CERCADO, DESIREE F
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CERILLO, MARY ROSE B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,063.64	271.91
Total					9,063.64	271.91

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

CERILLO, MARY ROSE B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 496 947 078 0000

3 Payee's Name ▸ CHICANO, ALVIN SALMORIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CHICANO, ALVIN SALMORIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 296 285 913 0000

3 Payee's Name ▸ CIPRIANO, MA. FE MENDEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CIPRIANO, MA. FE MENDEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 265 271 220 0000

3 Payee's Name ▸ CLAVEL, REYNALYN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CLAVEL, REYNALYN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CLAVEL, RICARDO LAGUNA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				17,220.91	516.63
Total					17,220.91	516.63

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CLAVEL, RICARDO LAGUNA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CLIT, BEVERLY S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CLIT, BEVERLY S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ COBAR, REBECCA R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

COBAR, REBECCA R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 267 523 156 0000

3 Payee's Name ▸ COLOMA, ANN MARGARET DAVID
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
COLOMA, ANN MARGARET DAVID
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸

3 Payee's Name ▸ CONDES, RONAH R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

CONDES, RONAH R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 305 563 065 0000

3 Payee's Name ▸ CORTEZ, MIA VALENCIANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,930.56	597.92
Total					19,930.56	597.92

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CORTEZ, MIA VALENCIANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CRUZ, ANNA MARIE S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CRUZ, ANNA MARIE S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ CRUZ, ELIZABETH C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,486.82	584.60
Total					19,486.82	584.60

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CRUZ, ELIZABETH C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 274 031 529 0000

3 Payee's Name ▸ CRUZ, FRANCIS GERARD NAVAL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CRUZ, FRANCIS GERARD NAVAL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 321 860 104 0000

3 Payee's Name ▸ CRUZ, LYNNE ERIKA RAAGAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CRUZ, LYNNE ERIKA RAAGAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 481 977 393 0000

3 Payee's Name ▸ CRUZ, MARIELLA TUGADE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

CRUZ, MARIELLA TUGADE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 311 162 301 0000

3 Payee's Name ▸ CUNANAN, JO ANN VELASQUEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,018.53	570.56
Total					19,018.53	570.56

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CUNANAN, JO ANN VELASQUEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DALUZ, BEN CARLOS T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DALUZ, BEN CARLOS T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 242 024 704 0000

3 Payee's Name ▸ DAR JUAN, REBECCA DE VEGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DAR JUAN, REBECCA DE 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 472 077 324 0000

3 Payee's Name ▸ DAVID, ARLENE JOY PIANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DAVID, ARLENE JOY PIANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DAVID, ROBY JOE B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

DAVID, ROBY JOE B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 501 264 917 0000

3 Payee's Name ▸ DE CASTRO, MARIEL VITO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DE CASTRO, MARIEL VITO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DE CASTRO, SALVO M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,936.22	598.09
Total					19,936.22	598.09

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

DE CASTRO, SALVO M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DE GUZMAN, JOSEPH JERICO R.
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DE GUZMAN, JOSEPH JERICO R.
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DE GUZMAN, MARK RYAN M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DE GUZMAN, MARK RYAN M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 621 481 0000

3 Payee's Name ▸ DE LA TORRE, LEAH MAY GARLET
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,951.12	298.53
Total					9,951.12	298.53

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DE LA TORRE, LEAH MAY GARLET
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DE LEON, AILLEN P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DE LEON, AILLEN P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DE LEON, ALINE STELLE M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,014.76	570.44
Total					19,014.76	570.44

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DE LEON, ALINE STELLE M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 939 758 746 0000

3 Payee's Name ▸ DE VEGA, PHIA BERALDE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,923.01	597.69
Total					19,923.01	597.69

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

DE VEGA, PHIA BERALDE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DE VERA, CHARIZA FE V.
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DE VERA, CHARIZA FE V.
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DEL ROSARIO, MARY ANTOINETTE L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DEL ROSARIO, MARY ANTOINETTE L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 444 106 249 0000

3 Payee's Name ▸ DELA CRUZ, ALVIN BOLIVAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, ALVIN BOLIVAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 175 417 510 0000

3 Payee's Name ▸ DELA CRUZ, CHARMAINE BAUTISTA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, CHARMAINE BAUTISTA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 320 217 407 0000

3 Payee's Name ▸ DELA CRUZ, DANICA DENICE CUSING
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, DANICA DENICE CUSING
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DELA CRUZ, EMMANUEL I
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, EMMANUEL I
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DELA CRUZ, LERISSA A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELA CRUZ, LERISSA A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 464 999 191 0000

3 Payee's Name ▸ DELA PENA, KATRINA SY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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 PENA, KATRINA SY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DELOS SANTOS, JANINE T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELOS SANTOS, JANINE T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 432 528 363 0000

3 Payee's Name ▸ DELOS SANTOS, MILKCY DE GUZMAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DELOS SANTOS, MILKCY DE GUZMAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 315 668 811 0000

3 Payee's Name ▸ DIENTE, MARK LOUIE ROSE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIENTE, MARK LOUIE ROSE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 466 261 084 0000

3 Payee's Name ▸ DIFUNTORUM, KAY MARAMAG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,889.02	596.67
Total					19,889.02	596.67

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIFUNTORUM, KAY MARAMAG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 700 101 475 0000

3 Payee's Name ▸ DIOKNO, GERLAINE CALMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIOKNO, GERLAINE CALMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 414 850 664 0000

3 Payee's Name ▸ DIONEDA, HOLLY ANN ELLI
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIONEDA, HOLLY ANN ELLI
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DIONELA, MARIBEL A.
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

DIONELA, MARIBEL A.
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DIONSON, JOEL C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIONSON, JOEL C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 498 744 824 0000

3 Payee's Name ▸ DIZON, JULIENNE 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**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIZON, JULIENNE 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 | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 215 853 166 0000

3 Payee's Name ▸ DIZON, MARLET MORADA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIZON, MARLET MORADA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 428 188 689 0000

3 Payee's Name ▸ DIZON, MARY ANGELIE BALINGIT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIZON, MARY ANGELIE BALINGIT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DOMALAON, LEMMUEL P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,879.58	596.39
Total					19,879.58	596.39

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOMALAON, LEMMUEL P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 330 899 869 0000

3 Payee's Name ▸ DOMINGO, RICHELLE CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOMINGO, RICHELLE 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DOON, BABY MARICAR L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOON, BABY MARICAR L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 449 000 399 0000

3 Payee's Name ▸ DUNGCA, GISELLE MARIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DUNGCA, GISELLE MARIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 308 030 556 0000

3 Payee's Name ▸ DURAY, MA. MAY FLOR CABALONA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DURAY, MA. MAY FLOR CABALONA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 417 255 576 0000

3 Payee's Name ▸ DURMIENDA, VIVIAN MOCORRO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DURMIENDA, VIVIAN MOCORRO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ EBCAS, CELESTE P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

EBCAS, CELESTE P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ EKSTROM, FERNAN FIDEL S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EKSTROM, FERNAN FIDEL S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 259 790 939 0000

3 Payee's Name ▸ ELARMO, DONNA MARIANNE MILLARES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ELARMO, DONNA MARIANNE MILLARES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ELICANAL, ANATALIA D.G.
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ELICANAL, ANATALIA D.G.
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 422 382 172 0000

3 Payee's Name ▸ ENCINAS, SHEENA ERVAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ENCINAS, SHEENA ERVAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 274 715 487 0000

3 Payee's Name ▸ ESCAT, MARK LESTER QUIRANTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESCAT, MARK LESTER QUIRANTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ESCOBAR, HONEY MAE RUBIE F
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESCOBAR, HONEY MAE RUBIE F
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 225 302 019 0000

3 Payee's Name ▸ ESCUETA, ALIZON CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESCUETA, ALIZON 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 701 730 480 0000

3 Payee's Name ▸ ESPIRITU, RACHELL ANN NAVERA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESPIRITU, RACHELL ANN NAVERA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ESTRADA, CHARMAINE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				17,220.91	516.63
Total					17,220.91	516.63

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESTRADA, CHARMAINE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 297 716 006 0000

3 Payee's Name ▸ ESTUDILLO, APRIL ROSE SILVESTRE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESTUDILLO, APRIL ROSE SILVESTRE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 429 262 310 0000

3 Payee's Name ▸ EXCONDE, ERVIN GOZUN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EXCONDE, ERVIN GOZUN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 501 015 732 0000

3 Payee's Name ▸ EXCONDE, JAMIE ROSETTE OCAMPO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EXCONDE, JAMIE ROSETTE OCAMPO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 497 521 803 0000

3 Payee's Name ▸ FAJARDO, PRINCESS SALAZAIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FAJARDO, PRINCESS SALAZAIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 905 493 0000

3 Payee's Name ▸ FAJARDO, WILDA 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

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				18,325.54	549.77
Total					18,325.54	549.77

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

FAJARDO, WILDA 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 491 905 693 0000

3 Payee's Name ▸ FAMARAN, SHERWIN LAURENCIANA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FAMARAN, SHERWIN LAURENCIANA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ FAMORCAN, JAM SHEENA DELA PACION
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FAMORCAN, JAM SHEENA DELA PACION
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 401 091 787 0000

3 Payee's Name ▸ FELICILDA, MA AZENITH LAGANCE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FELICILDA, MA AZENITH LAGANCE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ FERNANDEZ, MIZPHA CAREA G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,892.80	596.78
Total					19,892.80	596.78

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, MIZPHA CAREA G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 501 062 843 0000

3 Payee's Name ▸ FILIPINO, ARGEE JOHN TAGLAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FILIPINO, ARGEE JOHN TAGLAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ FLORES, ARAN T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FLORES, ARAN T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 465 492 305 0000

3 Payee's Name ▸ FLORES, LOVELY CARAGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FLORES, LOVELY CARAGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 321 328 613 0000

3 Payee's Name ▸ FORMELOZA, JENEFER REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FORMELOZA, JENEFER REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ FORTU, LYNVIC C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,250.91	217.53
Total					7,250.91	217.53

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FORTU, LYNVIC C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 214 785 674 0000

3 Payee's Name ▸ FRANCISCO, FIDES MUNOZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,936.22	598.09
Total					19,936.22	598.09

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FRANCISCO, FIDES MUNOZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ FRENCILLO, ANICA P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FRENCILLO, ANICA P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ FUENTES, TED AUSTIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				18,127.28	543.82
Total					18,127.28	543.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

FUENTES, TED AUSTIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ GAGARIN, EUGENIA FRANCEL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GAGARIN, EUGENIA FRANCEL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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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 ▸

3 Payee's Name ▸ GALIT, JENALYN M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GALIT, JENALYN M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 468 063 591 0000

3 Payee's Name ▸ GALLAMASO, DEVIE JOY PASOPASO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GALLAMASO, DEVIE JOY PASOPASO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 431 959 281 0000

3 Payee's Name ▸ GALUPO, MELANIE DUGANG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GALUPO, MELANIE DUGANG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

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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 ▸ 496 732 546 0000

3 Payee's Name ▸ GAMUZA, ERICA PAULINE CENTENO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GAMUZA, ERICA PAULINE CENTENO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 447 485 316 0000

3 Payee's Name ▸ GARCIA, LOVELIE ANN ORDILLANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,930.56	597.92
Total					19,930.56	597.92

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GARCIA, LOVELIE ANN ORDILLANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 317 795 323 0000

3 Payee's Name ▸ GARCIA, ROSEZUEL BANTOG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GARCIA, ROSEZUEL BANTOG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 324 161 033 0000

3 Payee's Name ▸ GASPI, TERESA MONTANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GASPI, TERESA MONTANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 439 718 162 0000

3 Payee's Name ▸ GATBONTON, TONI ROSE MEJARITO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸
4A Zip Code ▸

5 Foreign Address ▸
5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY
8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Conforme:

GATBONTON, TONI ROSE MEJARITO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 335 332 391 0000

3 Payee's Name ▸ GATCHALIAN, GENECA FAYE DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GATCHALIAN, GENECA FAYE 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 491 447 970 0000

3 Payee's Name ▸ GEGATO, MA CAROLLYN TORALBALLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GEGATO, MA CAROLLYN TORALBALLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 335 275 241 0000

3 Payee's Name ▸ GEMENTERA, MARION JASPER LEONIDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GEMENTERA, MARION JASPER LEONIDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 467 469 927 0000

3 Payee's Name ▸ GILLE, DESIREE BISANA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

GILLE, DESIREE BISANA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 323 179 840 0000

3 Payee's Name ▸ GIMENO, MARY STEPHEN ESPINOSA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GIMENO, MARY STEPHEN ESPINOSA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 422 434 938 0000

3 Payee's Name ▸ GIPITULAN, EMEROSE SALDUA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GIPITULAN, EMEROSE SALDUA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 209 379 613 0000

3 Payee's Name ▸ GLER, MARIA REGINA FLORES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GLER, MARIA REGINA 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ GOMEZ, MICHAEL B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GOMEZ, MICHAEL B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 161 763 038 0000

3 Payee's Name ▸ GONZALES, FLORAVEL MADRID
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

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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:
GONZALES, FLORAVEL MADRID
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ GONZALES, MELISSA B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

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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:
GONZALES, MELISSA B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 272 943 458 0000

3 Payee's Name ▸ GOROSPE, RONALD SORIANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GOROSPE, RONALD SORIANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 481 750 459 0000

3 Payee's Name ▸ GUHITING, RUTH RODEO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,033.64	571.01
Total					19,033.64	571.01

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GUHITING, RUTH RODEO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 491 319 850 0000

3 Payee's Name ▸ GUILLEN, MARIA KRISTENE JOSZEN ESTEBAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GUILLEN, MARIA KRISTENE JOSZEN ESTEBAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ GUILLERMO, CECILLE S.
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, CECILLE S.
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ GULLA, JONAIZAH ROSE S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GULLA, JONAIZAH ROSE S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 238 894 543 0000

3 Payee's Name ▸ GUTIERREZ, ANALIZA DE VEGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GUTIERREZ, ANALIZA DE 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ GUTIERREZ, JOHN RYAN G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,960.56	298.82
Total					9,960.56	298.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GUTIERREZ, JOHN RYAN G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 228 275 939 0000

3 Payee's Name ▸ HONRUBIA, MICHELLE ABUBO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HONRUBIA, MICHELLE ABUBO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ HUBERO, DANIEL L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HUBERO, DANIEL L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 311 573 922 0000

3 Payee's Name ▸ IGNACIO, STEPHANY DORUELO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, STEPHANY DORUELO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 277 393 598 0000

3 Payee's Name ▸ IMPERIO, DANIELLE MENDIOLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				17,192.59	515.78
Total					17,192.59	515.78

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
IMPERIO, DANIELLE MENDIOLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 259 624 345 0000

3 Payee's Name ▸ INSIGNE, LENY FE TADALAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
INSIGNE, LENY FE TADALAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 434 947 731 0000

3 Payee's Name ▸ ISIDERIO, KIMVERLY MAIE CAMACHO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ISIDERIO, KIMVERLY MAIE CAMACHO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 264 108 989 0000

3 Payee's Name ▸ ISIDRO, JOHANNA PALOAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ISIDRO, JOHANNA PALOAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 201 501 488 0000

3 Payee's Name ▸ JACINTO, SHIELA PASCUA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JACINTO, SHIELA PASCUA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 413 291 979 0000

3 Payee's Name ▸ JAVIER, JOHN RYAN FIDELO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JAVIER, JOHN RYAN FIDELO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ JAVIER, RAQUEL C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

JAVIER, RAQUEL C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 327 746 115 0000

3 Payee's Name ▸ JAVONITALLA, BERNADETTE ANGELA PUNZALAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JAVONITALLA, BERNADETTE ANGELA PUNZALAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 478 190 291 0000

3 Payee's Name ▸ JOSE, JAN ROSSELE ABLETES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JOSE, JAN ROSSELE ABLETES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 460 673 704 0000

3 Payee's Name ▸ JUANILLO, RACHELL MERCADO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JUANILLO, RACHELL MERCADO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ JUNCO, JUDY VON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JUNCO, JUDY VON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 441 619 948 0000

3 Payee's Name ▸ KHAWAJA, CHERYLE ORTEGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
KHAWAJA, CHERYLE ORTEGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ KHO, SUZETTE S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

KHO, SUZETTE S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 291 286 684 0000

3 Payee's Name ▸ KISMUNDO, KENNETTE CIPRIANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,063.64	271.91
Total					9,063.64	271.91

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
KISMUNDO, KENNETTE CIPRIANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 321 159 775 0000

3 Payee's Name ▸ LACSA, GENEVIEVE SUZARA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LACSA, GENEVIEVE SUZARA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LADAO, JAMES ANTHONY G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LADAO, JAMES ANTHONY G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 468 235 435 0000

3 Payee's Name ▸ LALAGUNA, MARIELLE ENILO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LALAGUNA, MARIELLE ENILO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LALU, MARIA JUSTINE M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				16,314.54	489.44
Total					16,314.54	489.44

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

LALU, MARIA JUSTINE M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 492 426 281 0000

3 Payee's Name ▸ LARGADO, LUVILLE ANN RAMOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				18,986.43	569.59
Total					18,986.43	569.59

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LARGADO, LUVILLE ANN RAMOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ LATAM, MELODY LYNNE S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,909.79	597.29
Total					19,909.79	597.29

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LATAM, MELODY LYNNE S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Kagawaran ng Pananalapi
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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 ▸ 171 969 579 0000

3 Payee's Name ▸ LAURIANO, MARITES TEVES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LAURIANO, MARITES TEVES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LEE, ANGELICA ROSALES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LEE, ANGELICA ROSALES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 404 438 845 0000

3 Payee's Name ▸ LEE, RANDOLF YAMAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LEE, RANDOLF YAMAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LEGASPI, MYLENE JOYCE C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,913.56	597.41
Total					19,913.56	597.41

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LEGASPI, MYLENE JOYCE C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LEONA, LEANDRO D
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LEONA, LEANDRO D
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 425 181 724 0000

3 Payee's Name ▸ LIBAO, KATHLEEN BALSICAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LIBAO, KATHLEEN BALSICAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LIBOON, WILMA ANTONINA F
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LIBOON, WILMA ANTONINA F
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 307 946 624 0000

3 Payee's Name ▸ LIM, LANCER CENITA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LIM, LANCER CENITA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 208 369 824 0000

3 Payee's Name ▸ LINATOC, SHERRYL ANASTACIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LINATOC, SHERRYL ANASTACIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LIONGSON, MARIAH CELINE V
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LIONGSON, MARIAH CELINE V
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LISTAURO, GERENE JOY A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				6,004.66	180.14
Total					6,004.66	180.14

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LISTAURO, GERENE JOY A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LLAGUNA, ANGELO B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LLAGUNA, ANGELO B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LONGAKIT, KRISCEL B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LONGAKIT, KRISCEL B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 497 142 919 0000

3 Payee's Name ▸ LONZAMIA, CYNDEL MICHACA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LONZAMIA, CYNDEL MICHACA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 405 466 065 0000

3 Payee's Name ▸ MABALOT, BERNADETTE UGAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MABALOT, BERNADETTE UGAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 501 235 566 0000

3 Payee's Name ▸ MACABARE, RAMIL LANZUELA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MACABARE, RAMIL LANZUELA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 501 264 787 0000

3 Payee's Name ▸ MACALANGCOM, NOR JEHAN RANGCAOLAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MACALANGCOM, NOR JEHAN RANGCAOLAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 482 763 815 0000

3 Payee's Name ▸ MADCHIW, NOREA TABAYAG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,960.56	298.82
Total					9,960.56	298.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MADCHIW, NOREA TABAYAG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MAGSANOC, ROSS HENRY B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

MAGSANOC, ROSS HENRY B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 447 506 216 0000

3 Payee's Name ▸ MALICDEM, CHRISTIAN BRYAN SORILA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MALICDEM, CHRISTIAN BRYAN SORILA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MALIJAN, WINIFREDO V
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

MALIJAN, WINIFREDO V
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 311 190 832 0000

3 Payee's Name ▸ MALLARI, GLYZA DELIMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

MALLARI, GLYZA DELIMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 308 747 786 0000

3 Payee's Name ▸ MAMARIL, MAE JENYLYN LAPENA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,800.06	294.00
Total					9,800.06	294.00

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MAMARIL, MAE JENYLYN LAPENA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MANAGUIO, ANGELITA RITA B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MANAGUIO, ANGELITA RITA B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MANAOAT, RANDOLF L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MANAOAT, RANDOLF L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 304 432 254 0000

3 Payee's Name ▸ MARINDA, FRENCIS GLOMAR DEGAYO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				18,986.43	569.59
Total					18,986.43	569.59

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MARINDA, FRENCIS GLOMAR DEGAYO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 272 343 917 0000

3 Payee's Name ▸ MARQUEZ, ALTHEA FAITH LLUPAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,022.31	570.67
Total					19,022.31	570.67

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MARQUEZ, ALTHEA FAITH LLUPAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MARTIN, PRINCESS GRACEL C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MARTIN, PRINCESS GRACEL C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 329 646 959 0000

3 Payee's Name ▸ MARZAN, ANGELI MAE CALAUTIT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MARZAN, ANGELI MAE CALAUTIT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 316 213 619 0000

3 Payee's Name ▸ MASIGLAT, DANIEL REGUNAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MASIGLAT, DANIEL REGUNAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 470 989 973 0000

3 Payee's Name ▸ MATIC, RICKY ENRIQUEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MATIC, RICKY ENRIQUEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 216 319 295 0000

3 Payee's Name ▸ MATITU, EMARGIL EMBILLE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				18,127.27	543.82
Total					18,127.27	543.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MATITU, EMARGIL EMBILLE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 488 745 108 0000

3 Payee's Name ▸ MEDECIELO, MARK RASSEL BORDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MEDECIELO, MARK RASSEL BORDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 414 873 530 0000

3 Payee's Name ▸ MELENDREZ, KAREN JOY DURUIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸
4A Zip Code ▸

5 Foreign Address ▸
5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY
8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Conforme:

MELENDREZ, KAREN JOY DURUIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 447 485 906 0000

3 Payee's Name ▸ MENDOZA, MACRINE MAE DALISTAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MENDOZA, MACRINE MAE DALISTAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 231 152 128 0000

3 Payee's Name ▸ MENDOZA, REUBEN ESTANISLAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				17,220.91	516.63
Total					17,220.91	516.63

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MENDOZA, REUBEN ESTANISLAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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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 ▸ 449 680 218 0000

3 Payee's Name ▸ MERCADO, YNA LAPUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MERCADO, YNA LAPUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MIRANA, ROSE JANE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MIRANA, ROSE JANE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MONTEMAYOR, MICAH JHELEN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MONTEMAYOR, MICAH JHELEN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MONTESEVEN, MARY JANE B.
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MONTESEVEN, MARY JANE B.
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 320 624 338 0000

3 Payee's Name ▸ MORALES, MARK JAYSON PARAGAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MORALES, MARK JAYSON PARAGAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 333 781 089 0000

3 Payee's Name ▸ MORANTE, MINALYN SABAYLE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MORANTE, MINALYN SABAYLE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ MOTIN, MICHELLE C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,063.64	271.91
Total					9,063.64	271.91

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

MOTIN, MICHELLE C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ NAIGA, ALJANE B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAIGA, ALJANE B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 268 102 989 0000

3 Payee's Name ▸ NAILGA, DIANALYN A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAILGA, DIANALYN A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 292 335 580 0000

3 Payee's Name ▸ NARANJO, ABRAHAM DIQUITO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NARANJO, ABRAHAM DIQUITO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 475 616 726 0000

3 Payee's Name ▸ NATANGCOP, SITTIE AINAH DIMALOTANG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

NATANGCOP, SITTIE AINAH DIMALOTANG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 496 734 268 0000

3 Payee's Name ▸ NATIVIDAD, ARNIL SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NATIVIDAD, ARNIL SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ NAVARETTE, CINDY R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,926.78	597.80
Total					19,926.78	597.80

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

NAVARETTE, CINDY R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 424 857 090 0000

3 Payee's Name ▸ NAVARRO, JIMMY CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAVARRO, JIMMY 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 483 607 959 0000

3 Payee's Name ▸ NAVARRO, KIRSTY ILYNNE GAYLE MAITIM
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAVARRO, KIRSTY ILYNNE GAYLE MAITIM
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 414 465 393 0000

3 Payee's Name ▸ NAVOA, THERESE MARIE LOLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAVOA, THERESE MARIE LOLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ NELMIDA, RONA V
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NELMIDA, RONA V
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 167 815 512 0000

3 Payee's Name ▸ NEPOMUCENO, MARIA LOURDES DOMINGO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NEPOMUCENO, MARIA LOURDES DOMINGO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 167 815 512 0000

3 Payee's Name ▸ NEPOMUCENO, MARIA LOURDES DOMINGO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NEPOMUCENO, MARIA LOURDES DOMINGO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ NOQUIAO, JOAN G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NOQUIAO, JOAN G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 248 761 756 0000

3 Payee's Name ▸ OCAMPO, MA. LIZA DE LARA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
OCAMPO, MA. LIZA DE LARA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ OCONG, GIOVIE FELIX Y
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
OCONG, GIOVIE FELIX Y
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ OCTAVIANO, SUZETTE F
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
OCTAVIANO, SUZETTE F
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ONDOY, LANIE A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ONDOY, LANIE A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 275 605 334 0000

3 Payee's Name ▸ ONG, MICHAEL ANGELO BERNARDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ONG, MICHAEL ANGELO BERNARDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 312 657 337 0000

3 Payee's Name ▸ ONGCHANGCO, VICTOR HAREL BUENSUCESO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,516.82	285.50
Total					9,516.82	285.50

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ONGCHANGCO, VICTOR HAREL BUENSUCESO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 496 698 840 0000

3 Payee's Name ▸ ORDAS, ANGELICA MARIE TESORIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ORDAS, ANGELICA MARIE TESORIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 186 883 0000

3 Payee's Name ▸ ORFIANO, DOREEN VELASCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ORFIANO, DOREEN VELASCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 274 574 212 0000

3 Payee's Name ▸ ORIEL, MA ANNE AMPARO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ORIEL, MA ANNE AMPARO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 333 193 209 0000

3 Payee's Name ▸ ORTEGA, NINA ELLEN DAWN REPOLLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, NINA ELLEN DAWN REPOLLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 405 131 414 0000

3 Payee's Name ▸ OSANO, JULIE ANN REA SALONGA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸
4A Zip Code ▸

5 Foreign Address ▸
5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY
8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
OSANO, JULIE ANN REA SALONGA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 638 211 0000

3 Payee's Name ▸ PABLO, MERRY GRACE RILLORAZA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PABLO, MERRY GRACE RILLORAZA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 281 923 269 0000

3 Payee's Name ▸ PADABOC, SYLVIA MARIMON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PADABOC, SYLVIA MARIMON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PAGKATIPUNAN, JAMES PAUL T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAGKATIPUNAN, JAMES PAUL T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 314 816 762 0000

3 Payee's Name ▸ PALES, ARON PAUL URBANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,966.22	298.99
Total					9,966.22	298.99

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

PALES, ARON PAUL URBANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
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 ▸ 400 670 325 0000

3 Payee's Name ▸ PALMA, HILARY MARICK MENDIOLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				17,664.65	529.94
Total					17,664.65	529.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PALMA, HILARY MARICK MENDIOLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 928 607 268 0000

3 Payee's Name ▸ PANTALEON, MARJORIE ALVIAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PANTALEON, MARJORIE ALVIAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 441 228 516 0000

3 Payee's Name ▸ PARADO, MARA JOY ADLAWAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PARADO, MARA JOY ADLAWAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PARANA, GIAN CARLO B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PARANA, GIAN CARLO B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PAREDES, MARIA ANGELICA I
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAREDES, MARIA ANGELICA I
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 432 693 470 0000

3 Payee's Name ▸ PAREJA, JEIOACHIM REPASO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAREJA, JEIOACHIM REPASO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸

3 Payee's Name ▸ PARLADE, NIKKOLE ANNA MARIE V
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,713.40	591.40
Total					19,713.40	591.40

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PARLADE, NIKKOLE ANNA MARIE V
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 701 782 424 0000

3 Payee's Name ▸ PARMISANO, LESLIE DAYLE CLARINA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				18,127.27	543.82
Total					18,127.27	543.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PARMISANO, LESLIE DAYLE CLARINA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PARPAN, EDIZZA ROE C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PARPAN, EDIZZA ROE C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 472 691 405 0000

3 Payee's Name ▸ PASILIAO, HILARY BULILAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PASILIAO, HILARY BULILAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 430 501 235 0000

3 Payee's Name ▸ PELINA, RONA VIL RAMIREZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,063.64	271.91
Total					9,063.64	271.91

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PELINA, RONA VIL RAMIREZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PEN, MINERVA T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

PEN, MINERVA T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ PEÑARANDA, KATHRINA J
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PEÑARANDA, KATHRINA J
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 492 789 847 0000

3 Payee's Name ▸ PERALTA, ALLISTER SAJONAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PERALTA, ALLISTER SAJONAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 431 528 243 0000

3 Payee's Name ▸ PERALTA, LAILYN PADILLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PERALTA, LAILYN PADILLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 313 073 325 0000

3 Payee's Name ▸ PEREMNE, MA. KRISTELLE CRUCERO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PEREMNE, MA. KRISTELLE CRUCERO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PERENA, LIONEL B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

PERENA, LIONEL B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PEREZ, CARLO MAGNO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, CARLO MAGNO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PEREZ, ELIZABETH M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, ELIZABETH M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 291 717 581 0000

3 Payee's Name ▸ PEREZ, LLOYD CAAGBAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, LLOYD CAAGBAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PEREZ, MARIA KRISTINA G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, MARIA KRISTINA G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 294 103 330 0000

3 Payee's Name ▸ PERLAS, LIAH ANNE MENDOZA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,930.56	597.92
Total					19,930.56	597.92

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PERLAS, LIAH ANNE MENDOZA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 426 214 785 0000

3 Payee's Name ▸ PERMITO, ARCIE PIE BERGONIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PERMITO, ARCIE PIE BERGONIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PETALBER, JONATHAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PETALBER, JONATHAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PETILLA, LOIDA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

PETILLA, LOIDA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PIAWAN, JIMMELYN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PIAWAN, JIMMELYN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 498 925 926 0000

3 Payee's Name ▸ PILLEJERA, ASSIEL ISAAC
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PILLEJERA, ASSIEL ISAAC
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PISUENA, CHELROSE DECRETALES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PISUENA, CHELROSE DECRETALES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PLATA, PRINCESS B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

PLATA, PRINCESS B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 415 262 252 0000

3 Payee's Name ▸ PONCE, LOVELY CAMILLE BUENAOBRA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PONCE, LOVELY CAMILLE BUENAOBRA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PRESTOZA, MICHELLE A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PRESTOZA, MICHELLE A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 278 672 420 0000

3 Payee's Name ▸ PRINCIPE, PRINCESS CRYSTAL DIANA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PRINCIPE, PRINCESS CRYSTAL DIANA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 308 200 107 0000

3 Payee's Name ▸ QUEBADA, KAREN MURIEL VIRAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
QUEBADA, KAREN MURIEL VIRAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 422 825 727 0000

3 Payee's Name ▸ QUIDILLA, LAWRENCE CHRISTIAN REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
QUIDILLA, LAWRENCE CHRISTIAN REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 496 293 309 0000

3 Payee's Name ▸ QUINTO, FENNY MARIECHIT QUINEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
QUINTO, FENNY MARIECHIT QUINEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 324 463 779 0000

3 Payee's Name ▸ QUINTO, RENILDA MARTIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
QUINTO, RENILDA MARTIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ QUISEO, LEEDEL ROSS A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

QUISEO, LEEDEL ROSS A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ RAMIL, RAMILORELIE C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,934.34	598.03
Total					19,934.34	598.03

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RAMIL, RAMILORELIE C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ RAMOS, DALICIA M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

RAMOS, DALICIA M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 311 978 070 0000

3 Payee's Name ▸ RAMOS, JEANNE ANNE QUINSAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,938.11	598.14
Total					19,938.11	598.14

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RAMOS, JEANNE ANNE QUINSAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 177 727 884 0000

3 Payee's Name ▸ REBENQUE, ROGELIO BUENO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REBENQUE, ROGELIO BUENO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 286 758 823 0000

3 Payee's Name ▸ RECACHO, GUNTHER CENTINAJE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RECACHO, GUNTHER CENTINAJE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ REDOVA, LAIZA B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,033.64	571.01
Total					19,033.64	571.01

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REDOVA, LAIZA B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ REQUINTO, JHOMAR G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REQUINTO, JHOMAR G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 271 103 936 0000

3 Payee's Name ▸ REVIDAD, JAIME KRISTOFFER DE GUZMAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REVIDAD, JAIME KRISTOFFER DE GUZMAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ REVILLA, RACHEL L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REVILLA, RACHEL L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ REYES, ACHILES M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, ACHILES M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 421 510 701 0000

3 Payee's Name ▸ REYES, ERWIN EXIOMO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, ERWIN EXIOMO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ REYES, KAREN D
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, KAREN D
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ REYES, MARK ANTHONY T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				29,910.00	897.30
Total					29,910.00	897.30

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, MARK ANTHONY T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ REYES, SHALOM A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, SHALOM A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ RICARDO, RAYMOND V
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RICARDO, RAYMOND V
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 263 979 823 0000

3 Payee's Name ▸ RIEGO, AILEEN DIZON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RIEGO, AILEEN DIZON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ RIVERA, MARIEL C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RIVERA, MARIEL C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 261 131 393 0000

3 Payee's Name ▸ RIVERA, RICH CHAL S LOPEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RIVERA, RICH CHAL S LOPEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 526 395 0000

3 Payee's Name ▸ ROBELO, ANNEMARIE PAULINE PASCUA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ROBELO, ANNEMARIE PAULINE PASCUA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ RODRIGUEZ, BEVERLY MICHELLE R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,894.69	596.84
Total					19,894.69	596.84

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RODRIGUEZ, BEVERLY MICHELLE R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 304 632 016 0000

3 Payee's Name ▸ ROJAS, RIZA MANLAPAZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ROJAS, RIZA MANLAPAZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 476 526 311 0000

3 Payee's Name ▸ ROMEO, ERICSON FRUGAL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ROMEO, ERICSON FRUGAL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 246 639 436 0000

3 Payee's Name ▸ RONCAL, BEAH SARAH SIMPAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RONCAL, BEAH SARAH SIMPAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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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 ▸ 430 993 814 0000

3 Payee's Name ▸ ROQUE, MARGARITA BELTRAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				17,719.41	531.58
Total					17,719.41	531.58

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:
ROQUE, MARGARITA 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 267 949 201 0000

3 Payee's Name ▸ ROSALES, JOYCE MALLARI
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, JOYCE MALLARI
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 441 896 175 0000

3 Payee's Name ▸ ROSCO, MICHELLE DAYRIT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ROSCO, MICHELLE DAYRIT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 316 483 188 0000

3 Payee's Name ▸ ROYO, KRISTINE JOY CINCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ROYO, KRISTINE JOY CINCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ► 330 213 759 0000

3 Payee's Name ► RUBENECIA, AUBREY SANJONGCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ►

4A Zip Code ►

5 Foreign Address ►

5A Zip Code ►

Payor Information

6 Taxpayer Identification Number ► 437 135 027 0000

7 Payor's Name ► CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ► WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY

8A Zip Code ► 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,951.12	298.53
Total					9,951.12	298.53

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Conforme:

RUBENECIA, AUBREY SANJONGCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Republika ng Pilipinas
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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 ▸

3 Payee's Name ▸ RUBIO, REUVEN A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RUBIO, REUVEN A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SABARIAGA, RENZ KEVIN T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,960.56	298.82
Total					9,960.56	298.82

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

SABARIAGA, RENZ KEVIN T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 441 181 428 0000

3 Payee's Name ▸ SABLAY, EUGENE DELA CRUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SABLAY, EUGENE 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

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SACDALAN, RENELYN RUTH G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,930.56	597.92
Total					19,930.56	597.92

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SACDALAN, RENELYN RUTH G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SADIASA, RENALYN WB080
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SADIASA, RENALYN WB080
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SAGUN, AMELYN S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAGUN, AMELYN S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ SALVADOR, JHOANA MARIE P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,896.57	596.90
Total					19,896.57	596.90

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SALVADOR, JHOANA MARIE P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SALVADOR, MA. ELIZABETH C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SALVADOR, MA. ELIZABETH C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SALVANA, MARILOU B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SALVANA, MARILOU B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 245 163 307 0000

3 Payee's Name ▸ SAN PASCUAL, LIEZEL VILLANUEVA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAN PASCUAL, LIEZEL VILLANUEVA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SAN PEDRO, MA. ELLAINE M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAN PEDRO, MA. ELLAINE M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 948 296 671 0000

3 Payee's Name ▸ SANCHEZ, JAMES PEUTER CORNELIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANCHEZ, JAMES PEUTER CORNELIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SANQUE, JOANNA PAULINE P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANQUE, JOANNA PAULINE P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 314 758 792 0000

3 Payee's Name ▸ SANTIDAD, KELVIN ROY IGNACIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANTIDAD, KELVIN ROY IGNACIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 330 214 229 0000

3 Payee's Name ▸ SANTOS, DENISE NICOLE PATALINGHUG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, DENISE NICOLE PATALINGHUG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 223 265 333 0000

3 Payee's Name ▸ SANTOS, GABBY SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, GABBY SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SAPIANDANTE, MILKBA C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAPIANDANTE, MILKBA C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 472 347 945 0000

3 Payee's Name ▸ SARDUA, GENE VI RECTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SARDUA, GENE VI RECTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 320 151 191 0000

3 Payee's Name ▸ SATURNO, ALYSSA SOCIAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SATURNO, ALYSSA SOCIAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SAYNO, JEFFERSON C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAYNO, JEFFERSON C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 469 629 647 0000

3 Payee's Name ▸ SEGISMUNDO, JOSE MIGUEL PANGILIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,951.12	298.53
Total					9,951.12	298.53

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SEGISMUNDO, JOSE MIGUEL PANGILIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 249 328 384 0000

3 Payee's Name ▸ SENECIO, LORENA SUELA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SENECIO, LORENA SUELA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SILAN, MA. JENNIFE ANN C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SILAN, MA. JENNIFE ANN C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 409 414 948 0000

3 Payee's Name ▸ SILVANO, RAMIL OPAMIL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

SILVANO, RAMIL OPAMIL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SIMBULAN, ARVIN S
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SIMBULAN, ARVIN S
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 216 100 495 0000

3 Payee's Name ▸ SOBREVINAS, JANET APARIL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,956.78	298.70
Total					9,956.78	298.70

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SOBREVINAS, JANET APARIL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 413 715 682 0000

3 Payee's Name ▸ SOLIS, CHEMER MARIE ANN MAGSINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SOLIS, CHEMER MARIE ANN MAGSINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 225 894 401 0000

3 Payee's Name ▸ SORE, ANNALYNN ABIOG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SORE, ANNALYNN ABIOG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 278 771 665 0000

3 Payee's Name ▸ SORILLA, JACQUELINE NICOR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SORILLA, JACQUELINE NICOR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 416 534 409 0000

3 Payee's Name ▸ STA ANA, ZYRILL ANN BIGCAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
STA ANA, ZYRILL ANN BIGCAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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Kagawaran ng Pananalapi
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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 ▸ 246 193 692 0000

3 Payee's Name ▸ STA MARIA, VICTORIA AGUIRRE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
STA MARIA, VICTORIA AGUIRRE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ SUAREZ, LUISA L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SUAREZ, LUISA L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 457 578 477 0000

3 Payee's Name ▸ SUCGANG, ELSIE REYES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SUCGANG, ELSIE REYES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸

3 Payee's Name ▸ SUMODLAYON, AMY GRACE F
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,044.76	271.34
Total					9,044.76	271.34

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SUMODLAYON, AMY GRACE F
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SUMOHID, JO AN A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

SUMOHID, JO AN A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SUSBILLA, IRIS JANE A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SUSBILLA, IRIS JANE A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 491 501 047 0000

3 Payee's Name ▸ TACAN, ROSE ANN SUSTIGUER
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TACAN, ROSE ANN SUSTIGUER
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸

3 Payee's Name ▸ TALAY, MARICEL G
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TALAY, MARICEL G
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ TAMAYO, JOHN AUROLLO A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,770.06	593.10
Total					19,770.06	593.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TAMAYO, JOHN AUROLLO A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ TAMBIS, MA. EDELYN A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TAMBIS, MA. EDELYN A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ TAN, JOSEPH CARLO A
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,911.68	597.35
Total					19,911.68	597.35

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

TAN, JOSEPH CARLO A
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 306 119 001 0000

3 Payee's Name ▸ TAN, RITCHELLE ANNE DE LUNA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,954.89	298.65
Total					9,954.89	298.65

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TAN, RITCHELLE ANNE DE LUNA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 439 143 200 0000

3 Payee's Name ▸ TANCINGCO, MA. NEP CHELSIE FELIX
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TANCINGCO, MA. NEP CHELSIE FELIX
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ TEJADA, ABRENIGO F
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				4,531.82	135.95
Total					4,531.82	135.95

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

TEJADA, ABRENIGO F
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 319 200 694 0000

3 Payee's Name ▸ TELEG, MELOCEL HERMOGINO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TELEG, MELOCEL HERMOGINO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 472 188 531 0000

3 Payee's Name ▸ TESORO, ELLA PAULINE SANTOS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TESORO, ELLA PAULINE SANTOS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 317 677 542 0000

3 Payee's Name ▸ TOBIAS, MARGIE GASPAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TOBIAS, MARGIE GASPAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ TOLENTINO, JONALYN B
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TOLENTINO, JONALYN B
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 458 093 792 0000

3 Payee's Name ▸ TOLENTINO, MERELYN FELIZARTA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TOLENTINO, MERELYN FELIZARTA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸

3 Payee's Name ▸ TOMBAGA, ADREAN HENRY W
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TOMBAGA, ADREAN HENRY W
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ TORRES, JOANNE F
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

TORRES, JOANNE F
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 312 960 647 0000

3 Payee's Name ▸ TORTONA, MARI JESCEL VILLANUEVA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TORTONA, MARI JESCEL VILLANUEVA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ► 07 01 17 (MM/DD/YY) To ► 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ► 297 866 903 0000

3 Payee's Name ► TRESVALLES, MARY GRACE SOLAR
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ►

4A Zip Code ►

5 Foreign Address ►

5A Zip Code ►

Payor Information

6 Taxpayer Identification Number ► 437 135 027 0000

7 Payor's Name ► CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ► WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY

8A Zip Code ► 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Conforme:

TRESVALLES, MARY GRACE SOLAR
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 418 051 987 0000

3 Payee's Name ▸ TRINIDAD, MA KRISTINA ANGELICA LUYUIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, MA KRISTINA ANGELICA LUYUIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ TRIUNFANTE, JAKE R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TRIUNFANTE, JAKE R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 330 174 441 0000

3 Payee's Name ▸ TUGANO, PRINCE ALEXIS JOAQUIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				18,114.05	543.42
Total					18,114.05	543.42

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TUGANO, PRINCE ALEXIS JOAQUIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 326 793 863 0000

3 Payee's Name ▸ UNICO, DAN LEO LEBATO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

UNICO, DAN LEO LEBATO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 297 178 705 0000

3 Payee's Name ▸ VALDECANTOS, RONAN LEMWEL PEREZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VALDECANTOS, RONAN LEMWEL PEREZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ VALDERAMA, LORELEI
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

VALDERAMA, LORELEI
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 255 901 854 0000

3 Payee's Name ▸ VALENCIA, ZARAH JANE DIMACULANGAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,909.79	597.29
Total					19,909.79	597.29

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VALENCIA, ZARAH JANE DIMACULANGAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 281 532 239 0000

3 Payee's Name ▸ VALLADORES, JOHN MARK SALES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VALLADORES, JOHN MARK SALES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN 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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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 ▸ 261 605 306 0000

3 Payee's Name ▸ VARGAS, RIZZA JOY LONTO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VARGAS, RIZZA JOY LONTO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ VARGAS, VERONICA C
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VARGAS, VERONICA C
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 322 450 335 0000

3 Payee's Name ▸ VEGA, LEE ANN CAPATERO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VEGA, LEE ANN CAPATERO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ VELASCO, EDUARDO JR M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VELASCO, EDUARDO JR M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 454 056 827 0000

3 Payee's Name ▸ VENIDA, GEMALYN RAMA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VENIDA, GEMALYN RAMA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 476 035 146 0000

3 Payee's Name ▸ VENZON, MARIA GRACIA ALEXANDREA PENA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VENZON, MARIA GRACIA ALEXANDREA PENA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 414 789 094 0000

3 Payee's Name ▸ VILLANUEVA, CHARLES ANDREW DE JESUS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLANUEVA, CHARLES ANDREW DE JESUS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ VILLANUEVA, STEPHANIE P
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLANUEVA, STEPHANIE P
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ VILLAREAL, APRIL GAY T
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLAREAL, APRIL GAY T
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 454 793 524 0000

3 Payee's Name ▸ VILLAREAL, ROJANIE GAYLE LAPUZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

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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:
VILLAREAL, ROJANIE GAYLE LAPUZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 430 743 250 0000

3 Payee's Name ▸ WONG, JUAN PAULO RAQUEPO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

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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:
WONG, JUAN PAULO RAQUEPO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ YAO, RACHELL M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

YAO, RACHELL M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 440 556 432 0000

3 Payee's Name ▸ YU, CHADWINDRIC CATINDOY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				19,940.00	598.20
Total					19,940.00	598.20

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
YU, CHADWINDRIC CATINDOY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 208 300 410 0000

3 Payee's Name ▸ ZAPANTA, ESMERALDA ACAB
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				9,970.00	299.10
Total					9,970.00	299.10

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ZAPANTA, ESMERALDA ACAB
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ ABADIANO, JEMMA M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,252.32	427.57
Total					14,252.32	427.57

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ABADIANO, JEMMA M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 802 312 0000

3 Payee's Name ▸ ADOR, FRANCIS ANN GRAFIL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸
4A Zip Code ▸

5 Foreign Address ▸
5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY
8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Conforme:

ADOR, FRANCIS ANN GRAFIL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 422 377 288 0000

3 Payee's Name ▸ ALIPO ON, ESTELLA MARIE VILLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

ALIPO ON, ESTELLA MARIE VILLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 463 310 547 0000

3 Payee's Name ▸ ANAYATIN, MAISA IMPAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANAYATIN, MAISA IMPAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 444 647 238 0000

3 Payee's Name ▸ ANDOY, MERIAM PALARAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANDOY, MERIAM PALARAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 416 173 188 0000

3 Payee's Name ▸ ANGELES, MARY ANN OYO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANGELES, MARY ANN OYO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 411 285 205 0000

3 Payee's Name ▸ ANHAO, MARIAN ATAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ANHAO, MARIAN ATAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 447 055 881 0000

3 Payee's Name ▸ ARCUENO, MAUREEN CAMILLE INFANTA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ARCUENO, MAUREEN CAMILLE INFANTA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 304 372 560 0000

3 Payee's Name ▸ AUSTERO, EVELYN ARDALES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AUSTERO, EVELYN ARDALES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 829 146 0000

3 Payee's Name ▸ AUTOR, KATRINA DE CASTRO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
AUTOR, KATRINA DE CASTRO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ BALINGIT, MA. CRISTEL E.
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				6,786.82	203.60
Total					6,786.82	203.60

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BALINGIT, MA. CRISTEL E.
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 288 455 682 0000

3 Payee's Name ▸ BANDILING, RHOSE ANN ALGAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BANDILING, RHOSE ANN ALGAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 448 783 395 0000

3 Payee's Name ▸ BARONG, CHERYL SALINAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BARONG, CHERYL SALINAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 155 383 542 0000

3 Payee's Name ▸ BENEDICTO, EDNA 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

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, EDNA 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

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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 ▸ 447 055 920 0000

3 Payee's Name ▸ BORITO, SHERRY ANN BRAGAIS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
BORITO, SHERRY ANN BRAGAIS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 312 852 841 0000

3 Payee's Name ▸ CAWALING, JESSA PERFAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CAWALING, JESSA PERFAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
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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 ▸ 287 604 178 0000

3 Payee's Name ▸ CORONA, FATIMA ESPELETA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CORONA, FATIMA ESPELETA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸

3 Payee's Name ▸ CORTEZ, HAZELLE M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.33	447.94
Total					14,931.33	447.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CORTEZ, HAZELLE M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 275 178 220 0000

3 Payee's Name ▸ CRISOSTOMO, RIA VILLAGRACIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,590.25	437.71
Total					14,590.25	437.71

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
CRISOSTOMO, RIA VILLAGRACIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 456 116 223 0000

3 Payee's Name ▸ DOMINGO, CRISTINE JOY RAMIREZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOMINGO, CRISTINE JOY RAMIREZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 496 008 726 0000

3 Payee's Name ▸ DOMINGO, REINALYN LORICO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DOMINGO, REINALYN LORICO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 423 411 719 0000

3 Payee's Name ▸ EBAYA, BEVERLY MARCH CABARDO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,413.18	222.40
Total					7,413.18	222.40

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
EBAYA, BEVERLY MARCH CABARDO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 430 419 566 0000

3 Payee's Name ▸ ENRIQUEZ, ERICA JANE PAJANUSTAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ENRIQUEZ, ERICA JANE PAJANUSTAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 393 317 0000

3 Payee's Name ▸ FAINZA, JOAN RUZOL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FAINZA, JOAN RUZOL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 701 846 856 0000

3 Payee's Name ▸ FELIX, ROSALIE DE GUZMAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				6,786.82	203.60
Total					6,786.82	203.60

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
FELIX, ROSALIE DE GUZMAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 253 769 468 0000

3 Payee's Name ▸ GALLOGO, ANIE GAMALE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GALLOGO, ANIE GAMALE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 422 447 020 0000

3 Payee's Name ▸ GIANAN, KRIZZIA QUIROZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
GIANAN, KRIZZIA QUIROZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 501 207 537 0000

3 Payee's Name ▸ HERMOSURA, MA. CECILIA DOLZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HERMOSURA, MA. CECILIA DOLZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ HERNANDEZ, RONA LIEZEL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.33	447.94
Total					14,931.33	447.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
HERNANDEZ, RONA LIEZEL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 195 916 233 0000

3 Payee's Name ▸ IGNACIO, ANNIE ALFONSO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | 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, ANNIE ALFONSO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 700 989 446 0000

3 Payee's Name ▸ IHONG, MARIE SUSIATE ESCORPION
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,591.66	437.75
Total					14,591.66	437.75

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
IHONG, MARIE SUSIATE ESCORPION
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 433 690 790 0000

3 Payee's Name ▸ INFORTUNA, RIZA KELESTE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
INFORTUNA, RIZA KELESTE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 461 929 851 0000

3 Payee's Name ▸ JACA, HANIE MARIE VELASQUEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JACA, HANIE MARIE VELASQUEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 446 670 808 0000

3 Payee's Name ▸ JULAO, CATHERINE SERVAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JULAO, CATHERINE SERVAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 454 560 094 0000

3 Payee's Name ▸ LASDOSI, RICHELLE NUNEZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				5,231.50	156.95
Total					5,231.50	156.95

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LASDOSI, RICHELLE NUNEZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 438 766 969 0000

3 Payee's Name ▸ LAUMOC, EVANGELINE PERNIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LAUMOC, EVANGELINE PERNIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 461 796 578 0000

3 Payee's Name ▸ LOPEZ, RENALYN NOBLE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LOPEZ, RENALYN NOBLE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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Kagawaran ng Pananalapi
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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 ▸ 495 099 516 0000

3 Payee's Name ▸ LUBAT, TRINA MAY LAZARA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,252.32	427.57
Total					14,252.32	427.57

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LUBAT, TRINA MAY LAZARA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 301 083 091 0000

3 Payee's Name ▸ MANONGSONG, RIZEL LIQUINAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MANONGSONG, RIZEL LIQUINAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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2307
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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 ▸ 453 349 754 0000

3 Payee's Name ▸ MEJES, ALJEAN VALE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MEJES, ALJEAN VALE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 453 689 043 0000

3 Payee's Name ▸ MORALES, GINALYN BERNAL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
MORALES, GINALYN BERNAL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 417 500 837 0000

3 Payee's Name ▸ NAVARRO, CHERRY LYN HERRERA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸
4A Zip Code ▸

5 Foreign Address ▸
5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY
8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAVARRO, CHERRY LYN HERRERA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 406 929 637 0000

3 Payee's Name ▸ NAVARRO, LEI MARY JOY BRAVO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAVARRO, LEI MARY JOY BRAVO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 794 736 0000

3 Payee's Name ▸ NAVARRO, NORLY PENAFIEL
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NAVARRO, NORLY PENAFIEL
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 314 993 251 0000

3 Payee's Name ▸ NISOLA, DAISY ELLASUS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
NISOLA, DAISY ELLASUS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 322 588 705 0000

3 Payee's Name ▸ OLIPARES, ELNIE DEPOSITORIO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

OLIPARES, ELNIE DEPOSITORIO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 101 112 012 0000

3 Payee's Name ▸ ORTICIO, AGNES DAYOT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				22,396.50	671.90
Total					22,396.50	671.90

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ORTICIO, AGNES DAYOT
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 474 111 282 0000

3 Payee's Name ▸ ORTIZ, LILIBETH BERNALES
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				6,108.14	183.24
Total					6,108.14	183.24

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ORTIZ, LILIBETH BERNALES
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 422 447 182 0000

3 Payee's Name ▸ PADUA, MA DHANICA LORENZO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PADUA, MA DHANICA LORENZO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 461 796 343 0000

3 Payee's Name ▸ PAGADUAN, VANESSA GUERRERO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PAGADUAN, VANESSA GUERRERO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 454 558 307 0000

3 Payee's Name ▸ PALOMAR, PERLEY GASPAY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				11,411.75	342.35
Total					11,411.75	342.35

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PALOMAR, PERLEY GASPAY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 446 674 699 0000

3 Payee's Name ▸ PASILIAO, JANICE ORJALO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

PASILIAO, JANICE ORJALO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 454 439 928 0000

3 Payee's Name ▸ PEREZ, JOBELLE PEREZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
PEREZ, JOBELLE PEREZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ POBLADOR, MANUELA JOY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.33	447.94
Total					14,931.33	447.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
POBLADOR, MANUELA JOY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 413 600 836 0000

3 Payee's Name ▸ REAMBILO, JOANNE DELATORRE
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				4,750.77	142.52
Total					4,750.77	142.52

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
REAMBILO, JOANNE DELATORRE
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 446 673 876 0000

3 Payee's Name ▸ RED, MARY MARGARETTE FABELLON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RED, MARY MARGARETTE FABELLON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 133 149 075 0000

3 Payee's Name ▸ REVILLA, GLORIA CASIAO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

REVILLA, GLORIA CASIAO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 266 500 271 0000

3 Payee's Name ▸ RICO, MARK JAYSON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RICO, MARK JAYSON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ RIVERA, FLORESITA R
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.33	447.94
Total					14,931.33	447.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RIVERA, FLORESITA R
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 294 019 384 0000

3 Payee's Name ▸ ROLDAN, LAARNI FETALVER
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ROLDAN, LAARNI FETALVER
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 259 167 024 0000

3 Payee's Name ▸ RONAO, KHRISTINA ROSE UY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RONAO, KHRISTINA ROSE UY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 454 724 952 0000

3 Payee's Name ▸ RUBIN, ISADORA MAE SAMSON
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RUBIN, ISADORA MAE SAMSON
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 419 568 922 0000

3 Payee's Name ▸ RUMBAOA, MAY JANE ORINGO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
RUMBAOA, MAY JANE ORINGO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ SACLAMITAO, CECILIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.33	447.94
Total					14,931.33	447.94

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SACLAMITAO, CECILIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
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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 ▸ 454 797 109 0000

3 Payee's Name ▸ SALENGA, MARIBHEL ALMO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,783.95	443.52
Total					14,783.95	443.52

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SALENGA, MARIBHEL ALMO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 667 157 0000

3 Payee's Name ▸ SAMPANG, JOYCE ANNE TAGALA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAMPANG, JOYCE ANNE TAGALA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 454 558 532 0000

3 Payee's Name ▸ SAMSON, ELMA JANE PEPOY
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				6,786.82	203.60
Total					6,786.82	203.60

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SAMSON, ELMA JANE PEPOY
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 271 830 0000

3 Payee's Name ▸ SANHORHO, D NINE ROSE CATUBIG
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANHORHO, D NINE ROSE CATUBIG
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 413 249 823 0000

3 Payee's Name ▸ SANTOS, KHATE LYNN ROMERO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SANTOS, KHATE LYNN ROMERO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 475 908 349 0000

3 Payee's Name ▸ SINDAYEN, NIKKI BLANCA SARING
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SINDAYEN, NIKKI BLANCA SARING
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 281 780 436 0000

3 Payee's Name ▸ SORIANO, ROBERT SEREDILLA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,922.52	447.68
Total					14,922.52	447.68

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SORIANO, ROBERT SEREDILLA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 478 109 937 0000

3 Payee's Name ▸ SUBAYNO, JIMLIZLY PAITAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				6,108.14	183.24
Total					6,108.14	183.24

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SUBAYNO, JIMLIZLY PAITAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 446 319 259 0000

3 Payee's Name ▸ SULAM, GERALDINE SUSANA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SULAM, GERALDINE SUSANA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 437 676 073 0000

3 Payee's Name ▸ SUMARIBUS, CARMELA CASTELLANO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SUMARIBUS, CARMELA CASTELLANO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 146 022 515 0000

3 Payee's Name ▸ SY, MA LOURDES ZERLA PELOBELLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,929.59	447.89
Total					14,929.59	447.89

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
SY, MA LOURDES ZERLA PELOBELLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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2307
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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 ▸ 454 559 203 0000

3 Payee's Name ▸ TEOXON, ARLENE TAPANAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TEOXON, ARLENE TAPANAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 204 941 861 0000

3 Payee's Name ▸ TIMBOL, FLORLITA DUGAYO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TIMBOL, FLORLITA DUGAYO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 461 821 107 0000

3 Payee's Name ▸ TOLENTINO, GELLI ANN AGUSTIN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TOLENTINO, GELLI ANN AGUSTIN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 268 920 272 0000

3 Payee's Name ▸ TUSI, JAY ANN VALENCIA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
TUSI, JAY ANN VALENCIA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
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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 ▸ 181 752 476 0000

3 Payee's Name ▸ URSUA, RAQUEL LANTING
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
URSUA, RAQUEL LANTING
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 293 947 607 0000

3 Payee's Name ▸ VENUS, CATHERINE JOY PERDIZ
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VENUS, CATHERINE JOY PERDIZ
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

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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 ▸ 498 564 029 0000

3 Payee's Name ▸ VILLELA, REYNALYN GUEVARRA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				7,465.50	223.97
Total					7,465.50	223.97

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
VILLELA, REYNALYN GUEVARRA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 501 196 629 0000

3 Payee's Name ▸ ZABALA, AIRA MAE MURILLO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent	WB080				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ZABALA, AIRA MAE MURILLO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 285 086 512 0000

3 Payee's Name ▸ ZANO, APRIL OBUSAN
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				14,931.00	447.93
Total					14,931.00	447.93

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ZANO, APRIL OBUSAN
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ AMOYAN, ARISTOTLE J
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				24,887.33	746.62
Total					24,887.33	746.62

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

AMOYAN, ARISTOTLE J
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ DALUMPINES, ERWIN M
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				24,887.33	746.62
Total					24,887.33	746.62

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DALUMPINES, ERWIN M
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 216 032 168 0000

3 Payee's Name ▸ DIMAGUIBA, MARIA LOURDES SAROCA
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				21,493.32	644.80
Total					21,493.32	644.80

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
DIMAGUIBA, MARIA LOURDES SAROCA
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 269 992 201 0000

3 Payee's Name ▸ ESPIRIDION, GENE PAUL FRANCISCO
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				24,887.00	746.61
Total					24,887.00	746.61

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
ESPIRIDION, GENE PAUL FRANCISCO
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸ 319 524 529 0000

3 Payee's Name ▸ JOAQUIN, JOAMMIE ZACARIAS
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				23,755.85	712.68
Total					23,755.85	712.68

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
JOAQUIN, JOAMMIE ZACARIAS
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ LETADA, KRISTINA MARIE L
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				10,181.05	305.43
Total					10,181.05	305.43

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:
LETADA, KRISTINA MARIE L
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Creditable Tax Withheld At Source

BIR Form No.
2307
September 2005 (ENCS)

1 For the Period From ▸ 07 01 17 (MM/DD/YY) To ▸ 07 31 17 (MM/DD/YY)

Part I — **Payee Information**

2 Taxpayer Identification Number ▸

3 Payee's Name ▸ PAYOS, MARY ANN Q
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▸ 4A Zip Code ▸

5 Foreign Address ▸ 5A Zip Code ▸

Payor Information

6 Taxpayer Identification Number ▸ 437 135 027 0000

7 Payor's Name ▸ CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▸ WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY 8A Zip Code ▸ 1550

PART II — **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT 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				21,493.32	644.80
Total					21,493.32	644.80

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

JOCELYN P. BOBADILLA
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry

Conforme:

PAYOS, MARY ANN Q
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name) | TIN of Signatory | Title/Position of Signatory | Date Signed

Tax Agent Accreditation No./Attorney's Roll No. (if applicable) | Date of Issuance | Date of Expiry