

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	227	014	356	0000
3	Payee's Name	ACERVO, GRACIA LOURDES 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	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,250.27	2,325.03
Total					23,250.27	2,325.03
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**ACERVO, GRACIA LOURDES REYES**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	252	993	146	0000
3	Payee's Name	<b>ARGARIN, VENUS CYRES SOREBILLO</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address				<b>4A</b> Zip Code <input type="text"/>
5	Foreign Address				<b>5A</b> Zip Code <input type="text"/>

## Payor Information

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

<b>PART II</b>	<b>Details of Monthly Income Payments and Tax Withheld for the Quarter</b>
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**ARGARIN, VENUS CYRES SOREBILLO**

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

TIN of Signatory

Title/Position of Signatory

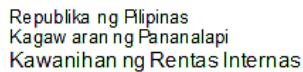
Date Signed \_\_\_\_\_

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

Date of Issuance

Date of Expiry





## BIR Form No.

September 2005 (ENCS)

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
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2 Taxpayer Identification Number → 481 288 661 0000

3 Payee's Name → **CABIGTING, CHARMAINE JOY 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	<div> <div>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**CABIGTING, CHARMAINE JOY JAMISON**

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

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September 2005 (ENCS)

1 For the Period From 

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07	31	17
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 (MM/DD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	408	235	451	0000
3	Payee's Name	CRUZ, ROBIN BESANA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
1.	Monthly income payments received from all sources during the quarter
2.	Total monthly income payments received during the quarter
3.	Monthly income tax withheld during the quarter
4.	Total monthly income tax withheld during the quarter
5.	Net monthly income after taxes during the quarter
6.	Total net monthly income after taxes during the quarter
7.	Other information regarding income payments and tax withholding

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**CRUZ, ROBIN BESANA**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

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1 For the Period From 

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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	433	634	688	0000
3	Payee's Name	CUEVAS, CYRUS JOHN PHILIP JARDINICO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter	
1	2	3	4
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349	350	351	352
353	354	355	356
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365	366	367	368
369	370	371	372
373	374	375	376
377	378	379	380
381	382	383	384
385	386		

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**CUEVAS, CYRUS JOHN PHILIP JARDINICO**

TIN of Signatory

Title/Position of Signatory

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

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

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

Date of Issuance

Date of Expiry



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	436	852	452	0000
3	Payee's Name	CUEVAS, MA. RUBY HANNA MONSALE (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**CUEVAS, MA. RUBY HANNA MONSALE**

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

TIN of Signatory

Title/Position of Signatory

Date Signed

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

Date of Issuance

Date of Expiry



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2	Taxpayer Identification Number	279	391	803	0000
3	Payee's Name	DE JESUS, JESSIE MANGARAN (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**DE JESUS, JESSIE MANGARAN**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From	07	01	17	(MM/DD/YY)	To	07	31	17	(MM/DD/YY)
<b>Part I Payee Information</b>									
2 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">244</div> <div style="border: 1px solid black; padding: 2px;">640</div> <div style="border: 1px solid black; padding: 2px;">585</div> <div style="border: 1px solid black; padding: 2px;">0000</div> </div>								
3 Payee's Name	DE RAYA, JOSHUA RHEY DELA CRUZ <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>								
4 Registered Address								4A Zip Code	
5 Foreign Address								5A Zip Code	
<b>Payor Information</b>									
6 Taxpayer Identification Number	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">437</div> <div style="border: 1px solid black; padding: 2px;">135</div> <div style="border: 1px solid black; padding: 2px;">027</div> <div style="border: 1px solid black; padding: 2px;">0000</div> </div>								
7 Payor's Name	CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>								
8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY							8A Zip Code	1550
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>									
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter			
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total				
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20			
<b>Total</b>					24,541.95	2,454.20			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
<b>Total</b>					-	-			
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.									
<b>JOCELYN P. BOBADILLA</b> Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry					
Conforme:									
<b>DE RAYA, JOSHUA RHEY DELA CRUZ</b> Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)		TIN of Signatory		Title/Position of Signatory		Date Signed			
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)		Date of Issuance		Date of Expiry					

# Certificate of Creditable Tax Withheld At Source

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September 2005 (ENCS)

1 For the Period From 

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 (MM/DD/YY) To 

07	31	17
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 (MMDD/YY)

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

2	Taxpayer Identification Number	258	431	430	0000
3	Payee's Name	DELLOMAS, ARYL JERRO PORNILLOSA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
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25	26	27	28
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33	34	35	36
37	38	39	40
41	42	43	44
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53	54	55	56
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77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				23,250.27	2,325.03
Total					23,250.27	2,325.03
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**DELLOMAS, ARYL JERRO PORNILLOSA**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For 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	846	268	0000
3	Payee's Name	DELOS SANTOS, RONNIE TRONGCO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,536.57	2,453.66
Total					24,536.57	2,453.66
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

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, RONNIE TRONGCO**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	494	373	925	0000
3	Payee's Name	FIDELINO, RICHELL ANNE OSORIO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
1.	Monthly income payments received from all sources during the quarter
2.	Total monthly income payments received during the quarter
3.	Monthly income tax withheld during the quarter
4.	Total monthly income tax withheld during the quarter
5.	Net monthly income after taxes during the quarter
6.	Total net monthly income after taxes during the quarter
7.	Other information regarding income payments and tax withholding

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**FIDELINO, RICHELL ANNE OSORIO**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

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

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

2	Taxpayer Identification Number	431	833	438	0000
3	Payee's Name	HOGSET, JENNIBETH MORTOS (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**HOGSET, JENNIBETH MORTOS**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	939	888	585	0000
3	Payee's Name	JOVEN, KHRISTIAN JOSEPH 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
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**JOVEN, KHRISTIAN JOSEPH DE GUZMAN**

TIN of Signatory

Title/Position of Signatory

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

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

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

Date of Issuance

Date of Expiry



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	446	496	722	0000
3	Payee's Name	KALAW, ARIES 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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**KALAW, ARIES 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

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

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

2	Taxpayer Identification Number	494		457		573		0000
3	Payee's Name	<b>MARA, FILEMON III MALEJANA</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4	Registered Address							4A Zip Code ▶
5	Foreign Address							5A Zip Code ▶

## Payor Information

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
<b>Total</b>					<b>24,541.95</b>	<b>2,454.20</b>
<b>Money Payments Subject to Withholding of Business Tax (Government &amp; Private)</b>						
<b>Total</b>					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**MARA, FILEMON III MALEJANA**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MM/DD/YY)

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

2	Taxpayer Identification Number	283	631	063	0000
3	Payee's Name	OROCAY, RHEA TEOFILO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**OROCAY, RHEA TEOFILO**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For 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	202	812	0000
3	Payee's Name	<b>ROCES, RACHELLE ANNE ARTIFICIO</b> <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>			
4	Registered Address				<b>4A</b> Zip Code <input type="text"/>
5	Foreign Address				<b>5A</b> Zip Code <input type="text"/>

## Payor Information

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				14,208.50	1,420.85
<b>Total</b>					<b>14,208.50</b>	<b>1,420.85</b>
<b>Money Payments Subject to Withholding of Business Tax (Government &amp; Private)</b>						
<b>Total</b>					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**ROCES, RACHELLE ANNE ARTIFICIO**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2	Taxpayer Identification Number	498	393	909	0000
3	Payee's Name	SADIAN, JEROME RODNEY GARCIA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

### Payor Information

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

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

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**SADIAN, JEROME RODNEY GARCIA**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

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

2 Taxpayer Identification Number → 293 666 117 0000

3	Payee's Name	SAFLOR, ANN PEACHMILLE DOROTHY GUZARIN
---	--------------	--

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

4 Registered Address  4A Zip Code

5 Foreign Address  5A Zip Code

## Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**SAFLOR, ANN PEACHMILLE DOROTHY GUZARIN**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For 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	499	931	0000
3	Payee's Name	SAMBRANO, JOHN RYAN SAAVEDRA (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

## Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
1.	Monthly income payments received from all sources during the quarter
2.	Total monthly income payments received during the quarter
3.	Monthly income tax withheld during the quarter
4.	Total monthly income tax withheld during the quarter
5.	Net monthly income after taxes during the quarter
6.	Total net monthly income after taxes during the quarter
7.	Other income or deductions reported on Form 990-BE, Schedule E
8.	Total other income or deductions reported on Form 990-BE, Schedule E
9.	Net income before taxes during the quarter
10.	Total net income before taxes during the quarter
11.	Net income after taxes during the quarter
12.	Total net income after taxes during the quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**SAMBRANO, JOHN RYAN SAAVEDRA**

**SAMBRANO, JOHN RYAN SAAVEDRA**  
Payee/Payee's Authorized Representative/Accredited Tax Agent  
(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

Part I	Payee Information
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<b>2</b>	Taxpayer Identification Number	<input type="text"/>	
<b>3</b>	Payee's Name	SEBASTIAN, MARIE JOY MARIANO <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>	
<b>4</b>	Registered Address	<input type="text"/>	<b>4A</b> Zip Code <input type="text"/>
<b>5</b>	Foreign Address	<input type="text"/>	<b>5A</b> Zip Code <input type="text"/>

## Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				38,750.45	3,875.05
Total					38,750.45	3,875.05
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**SEBASTIAN, MARIE JOY MARIANO**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

Part I	Payee Information
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2	Taxpayer Identification Number	433		637		795		0000
3	Payee's Name	SOLIBAGA, APRIL CALIGAGAN (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4	Registered Address							4A Zip Code
5	Foreign Address							5A Zip Code

### Payor Information

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

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
<b>Total</b>					<b>24,541.95</b>	<b>2,454.20</b>
<b>Money Payments Subject to Withholding of Business Tax (Government &amp; Private)</b>						
<b>Total</b>					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**SOLIBAGA, APRIL CALIGAGAN**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

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

 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2 Taxpayer Identification Number → 281 413 438 0000

3 Payee's Name → **VILLEGAS, SANDRA MICHELLE CABRITO**  
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address  4A Zip Code

5 Foreign Address  5A Zip Code

### Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

7	Payor's Name	<div> <div>CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div> </div>
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8 Registered Address	WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY	8A Zip Code	1550
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PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
1	10/1/97 - 10/31/97
2	11/1/97 - 11/30/97
3	12/1/97 - 12/31/97
4	1/1/98 - 1/31/98
5	2/1/98 - 2/28/98
6	3/1/98 - 3/31/98
7	4/1/98 - 4/30/98
8	5/1/98 - 5/31/98
9	6/1/98 - 6/30/98
10	7/1/98 - 7/31/98
11	8/1/98 - 8/31/98
12	9/1/98 - 9/30/98
13	10/1/98 - 10/31/98
14	11/1/98 - 11/30/98
15	12/1/98 - 12/31/98
16	1/1/99 - 1/31/99
17	2/1/99 - 2/28/99
18	3/1/99 - 3/31/99
19	4/1/99 - 4/30/99
20	5/1/99 - 5/31/99
21	6/1/99 - 6/30/99
22	7/1/99 - 7/31/99
23	8/1/99 - 8/31/99
24	9/1/99 - 9/30/99
25	10/1/99 - 10/31/99
26	11/1/99 - 11/30/99
27	12/1/99 - 12/31/99
28	1/1/00 - 1/31/00
29	2/1/00 - 2/28/00
30	3/1/00 - 3/31/00
31	4/1/00 - 4/30/00
32	5/1/00 - 5/31/00
33	6/1/00 - 6/30/00
34	7/1/00 - 7/31/00
35	8/1/00 - 8/31/00
36	9/1/00 - 9/30/00
37	10/1/00 - 10/31/00
38	11/1/00 - 11/30/00
39	12/1/00 - 12/31/00
40	1/1/01 - 1/31/01
41	2/1/01 - 2/28/01
42	3/1/01 - 3/31/01
43	4/1/01 - 4/30/01
44	5/1/01 - 5/31/01
45	6/1/01 - 6/30/01
46	7/1/01 - 7/31/01
47	8/1/01 - 8/31/01
48	9/1/01 - 9/30/01
49	10/1/01 - 10/31/01
50	11/1/01 - 11/30/01
51	12/1/01 - 12/31/01
52	1/1/02 - 1/31/02
53	2/1/02 - 2/28/02
54	3/1/02 - 3/31/02
55	4/1/02 - 4/30/02
56	5/1/02 - 5/31/02
57	6/1/02 - 6/30/02
58	7/1/02 - 7/31/02
59	8/1/02 - 8/31/02
60	9/1/02 - 9/30/02
61	10/1/02 - 10/31/02
62	11/1/02 - 11/30/02
63	12/1/02 - 12/31/02
64	1/1/03 - 1/31/03
65	2/1/03 - 2/28/03
66	3/1/03 - 3/31/03
67	4/1/03 - 4/30/03
68	5/1/03 - 5/31/03
69	6/1/03 - 6/30/03
70	7/1/03 - 7/31/03
71	8/1/03 - 8/31/03
72	9/1/03 - 9/30/03
73	10/1/03 - 10/31/03
74	11/1/03 - 11/30/03
75	12/1/03 - 12/31/03
76	1/1/04 - 1/31/04
77	2/1/04 - 2/28/04
78	3/1/04 - 3/31/04
79	4/1/04 - 4/30/04
80	5/1/04 - 5/31/04
81	6/1/04 - 6/30/04
82	7/1/04 - 7/31/04
83	8/1/04 - 8/31/04
84	9/1/04 - 9/30/04
85	10/1/04 - 10/31/04
86	11/1/04 - 11/30/04
87	12/1/04 - 12/31/04
88	1/1/05 - 1/31/05
89	2/1/05 - 2/28/05
90	3/1/05 - 3/31/05
91	4/1/05 - 4/30/05
92	5/1/05 - 5/31/05
93	6/1/05 - 6/30/05
94	7/1/05 - 7/31/05
95	8/1/05 - 8/31/05
96	9/1/05 - 9/30/05
97	10/1/05 - 10/31/05
98	11/1/05 - 11/30/05
99	12/1/05 - 12/31/05
100	1/1/06 - 1/31/06
101	2/1/06 - 2/28/06
102	3/1/06 - 3/31/06
103	4/1/06 - 4/30/06
104	5/1/06 - 5/31/06
105	6/1/06 - 6/30/06
106	7/1/06 - 7/31/06
107	8/1/06 - 8/31/06
108	9/1/06 - 9/30/06
109	10/1/06 - 10/31/06
110	11/1/06 - 11/30/06
111	12/1/06 - 12/31/06
112	1/1/07 - 1/31/07
113	2/1/07 - 2/28/07
114	3/1/07 - 3/31/07
115	4/1/07 - 4/30/07
116	5/1/07 - 5/31/07
117	6/1/07 - 6/30/07
118	7/1/07 - 7/31/07
119	8/1/07 - 8/31/07
120	9/1/07 - 9/30/07
121	10/1/

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**VILLEGAS, SANDRA MICHELLE CABRITO**

TIN of Signatory

Title/Position of Signatory

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

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

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

Date of Issuance

Date of Expiry

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

1 For the Period From 

07	01	17
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 (MM/DD/YY) To 

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

 (MMDD/YY)

Part I	Payee Information
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2	Taxpayer Identification Number	422	526	067	0000
3	Payee's Name	ZOLAYVAR, ANGELICA HILARIO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

### Payor Information

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

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
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Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Professionals (lawyers, CPAs, engineers, etc.), talent fees paid to individuals - If the current year's gross income IS P720,000 and below	WI010				24,541.95	2,454.20
Total					24,541.95	2,454.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total					-	-

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

**JOCELYN P. BOBADILLA**

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

**ZOLAYVAR, ANGELICA HILARIO**

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

TIN of Signatory

Title/Position of Signatory

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

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

Date of Issuance

Date of Expiry