

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

September 2005 (ENCS)

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

Part I	Payee Information
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2	Taxpayer Identification Number	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
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[illegible]

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

JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ACERVO, GRACIA LOURDES REYES

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

TIN of Signatory

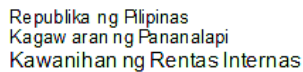
Title/Position of Signatory

Date Signed

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

Date of Issuance

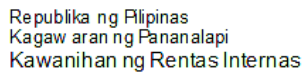
Date of Expiry



BIR Form No.

September 2005 (ENCS)

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

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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	271	368	835	0000
3	Payee's Name	BARICAN, MARK ANDREW SERRANO (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4	Registered Address		4A	Zip Code	
5	Foreign Address		5A	Zip Code	

Payor Information

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

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

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

BARICAN, MARK ANDREW SERRANO

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

TIN of Signatory

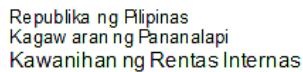
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Tax Agent Accreditation No./Attorney's Roll No. (if applicable)

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BIR Form No.

September 2005 (ENCS)

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

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CRUZ, ROBIN BESANA

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

TIN of Signatory

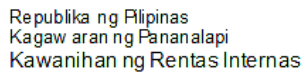
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(Signature Over Printed Name)

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

CUEVAS, CYRUS JOHN PHILIP JARDINICO

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

TIN of Signatory

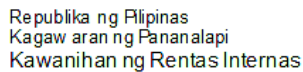
Title/Position of Signatory

Date Signed _____

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

Date of Issuance

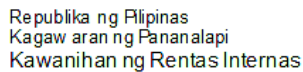
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Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry
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September 2005 (ENCS)

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	244	640	585	0000
3	Payee's Name	DE RAYA, JOSHUA RHEY 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
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JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DE RAYA, JOSHUA RHEY 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)

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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	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
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JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

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)

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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	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

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

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

DELOS SANTOS, RONNIE TRONGCO

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

TIN of Signatory

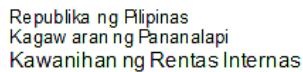
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Date Signed _____

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

Date of Issuance

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Date of Expiry

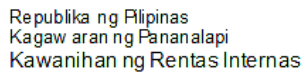
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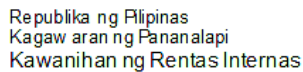
1 For the Period From		07		01		17		(MM/DD/YY)		To	07		31		17		(MM/DD/YY)		
Part I Payee Information																			
2 Taxpayer Identification Number		→		431				833				438				0000			
3 Payee's Name		→		HOGSET, JENNIBETH MORTOS <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>															
4 Registered Address		→												4A Zip Code		→			
5 Foreign Address		→												5A Zip Code		→			
Payor Information																			
6 Taxpayer Identification Number		→		437				135				027				0000			
7 Payor's Name		→		CHD-MM (NCR FOR HEALTH) DEPARTMENT OF HEALTH <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>															
8 Registered Address		→		WELFAREVILLE CMPD. BARANGAY ADDITION HILLS MANDALUYONG CITY										8A Zip Code		→		1550	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter																			
Income Payments Subject to Expanded Withholding Tax		ATC		AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter											
				1st Month of the Quarter		2nd Month of the Quarter				3rd Month of the Quarter		Total							
Total																			
Money Payments Subject to Withholding of Business Tax (Government & Private)																			
Persons exempt from VAT under Sec. 109(v) (creditable)-Government Withholding Agent		WB080										24,541.95		736.26					
Total												24,541.95		736.26					
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:																			
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							



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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 → 494 457 573 0000

3 Payee's Name → **MARA, FILEMON III MALEJANA**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address 4A Zip Code

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number → 437 135 027 0000

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

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

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JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

MARA, FILEMON III MALEJANA

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

TIN of Signatory

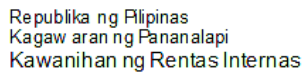
Title/Position of Signatory

Date Signed

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

Date of Issuance

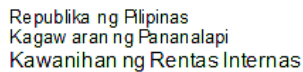
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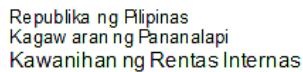
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September 2005 (ENCS)

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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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JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SAFLOR, ANN PEACHMILLE DOROTHY GUZARIN

TIN of Signatory

Title/Position of Signatory

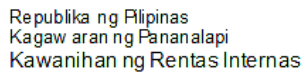
Date Signed

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

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

2	Taxpayer Identification Number	<div>0000</div>	
3	Payee's Name	SEBASTIAN, MARIE JOY MARIANO <small>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</small>	
4	Registered Address	<div></div>	4A Zip Code <div></div>
5	Foreign Address	<div></div>	5A Zip Code <div></div>

Payor Information

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

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

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

SEBASTIAN, MARIE JOY MARIANO

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

TIN of Signatory

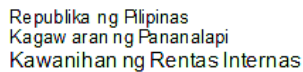
Title/Position of Signatory

Date Signed

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

Date of Issuance

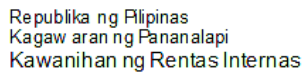
Date of Expiry



BIR Form No.

September 2005 (ENCS)

Conformer: 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	



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

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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[illegible]

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

JOCELYN P. BOBADILLA

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

TIN of Signatory

Title/Position of Signatory

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

Date of Issuance

Date of Expiry

Conforme:

ZOLAYVAR, ANGELICA HILARIO

ZOLATVAR, 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