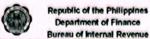
BDO		Check Transaction Slip	Currency	r 🗌 Others	Date 08 19 24	
Deposits Current	Account Name	epositor's collecting agent, assumed as responsible into the possession of third	em do even less the d	MC/DD Oth	ers medi on Vigos, vi	
Savings Time Deposit/ Placement	Account No.	curried. This also applies to the lessend on its drawn clency of funds, unauthorized drawn 2007 2000 Preason or found-to be counterful 2000 2000	Use separate slip(s) for each substitution Bank/Branch	ch type of transaction. Check No.	Amount	
For Account with Deposit Reference Facility	Payor's Name	Continued to the control of the cont	ad and spiritured the depterment of the depterme	1429732	490,30.36	
Bills Payment	Company Name Of prince of the Name of the Section (Section)	e gan Clumetray Check 13, the Denablast Sares to be of Fortion Curleney Checks including but not limited.	PA-IMENT F	on 102948	8%	
	Subscriber's Name Dyonam	ble electronic check.or.tnuosos s'radiraduzor. Foreran (Steman incorporated frarein by reference. The free cast	3,000 576	UNION THPE	1P 50	
☐ Payment ☐ Loan ☐ Trade	Borrower's Name	hall be of arawee bank and only the substitute enect	BULL B CENTRE	r further agrees that I	Califus The Deposito	
004900 PHILCE 00495	Fr OUS STARPORT TRADING COR S	TARPORT TRADING COR of believed to the particle of the particl	agy agrees the life origin e of presentment or such hally the becositer bere lives from any right, claim halated herewith. any check for deposit in happlicable laws, rules ar	e (3) months from day from tions to time 3 agents and represents teaseactions contect es the right to refuse and in accordance with	of the period of three controls are controls and the controls are cont	
mon sesman üverri	in languages amount ton	pon resumption of online operations EDO will Host accepted	u betsball ed lliw eonsin	Total Amount	\$ 490,500 31	
	This serves as your receipt v	when machine validated.				

For BIR BCS/ Use Only Item:



Ose Offiny Helli.			Burea	iu of Internal F	evenue						
BIR Form No. 2307 January 2018 (ENCS)	Certificate of Creditable Tax Withheld at Source								2307 01/18ENCS		
Fill in all applicable spaces. Mar	k all appropria	te boxes with	an "X".						1000000		
1 For the Period	From Q7	01 2	024 I (MA	WDDYYYY)		To Q7	31	2024	(MM/	DDYYYYY)	
			Part	- Pavee Infor	mation						
2 Taxpayer Identification Num	nber (TIN)		009 - 828	- 206	- 00	0111					
3 Payee's Name (Last Name	, First Name, I	Middle Name	for Individual OR F	Registered Nam	e for Non-Inc	dividual)					
PHILCEMENT C	ORPORAT	TION							-		
4 Registered Address									\neg	4A ZIP C	ode
Garcia Rd. Marive	eles Divers	ion Road	Mariveles, Ba	ataan				H7-4 303-03			لل
5 Foreign Address, if applical	ble	Control of the								700	
								and the last section of th	Sal Work		
			1981	- Payor Info	1990	•					
6 Taxpayer Identification Num			106 - 534								
7 Payor's Name (Last Name,							D DOD	ATIOND			
STARPORT PH H	OLDINGS	5, INC. (1	ORMERLY	STARPOI	CLIKAL	ING CO	Krok	ATION		8A ZIP C	ode
Room 301 Grace F	wilding O	rtigge Av	onua Graanh	ille San II	an CityC	itv				1503	
Room 301 Grace L	outluing, O		- Details of Month	ly Income Pay	ments and T	Taxes Withh	eld				Wales
Income Payments Subject to	Expanded			AMOU	IT OF INCOM	ME PAYMEN	VTS		Tax	Withheld for	r the
Withholding Tax		ATC	1st Month of th Quarter	e 2nd Mon Qua	STATE OF STREET	Quarter	ALCOHOLD A POS	Total		Quarter	
ncome payment made by top w gents to their local/resident sup ther than those covered by oth ithholding tax	plier of goods	WC158	441,964	29				441,964	4.29	4,4	119.64
otal						and the second of the second			Charge Million	4,4	419.6
ioney Payments Subject to W Business Tax (Government	& Private)	A PERM									
otal			3-11-11-11-11-11-11-11-11-11-11-11-11-11								
We declare under the penalt ursuant to the provisions of the I occessing of our information as	Vational Interna	al Revenue C	Code, as amended	and the regula 2012 R.A. No.	tions issued	under author	rity thereo	of. Further, we	and belied give our co	f, is true and o	orre
	Sign	nature over f	(COMPLIANCE	vor/Payor's Au	thorized Rep	000) presentative/	Tax Agen				
			(Indicate	Title/Designation	n and TIN)						
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)			(Indicate Date	of Issue	n and TIN)			te of Expiry		1.1	

PHILCEMENT CORPORATION
Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)
Date of Issue (MM/DD/YYYY)
Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY) Tax Agent Accreditation No.J Attorney's Roll No. (if applicable)
*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

