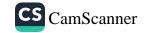
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This serves as your receipt when machine validated.



For BIR BCS/ Use Only Item:



Republic of the Philippines Department of Finance Bureau of Internal Revenue

2307
Withheld at Source

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Fill in all applicable spaces, Mark all appro	priate boyes wit	h an "Y"					Maria			2.	0/ 01/16	LINUS
NEW CONTRACTOR OF THE PROPERTY		024	(MWDL	omm		То	09 3	0 2024		(MM/DI	27777)	
	4 1011 1		Part1-F	avee Inform	nation				A PROPERTY.			
2 Taxpayer Identification Number (TIN)		909	828	- 206	- 0	0001						
3 Payee's Name (Last Name, First Name				The second secon		March Street, Square,	10 T N	ALCE ETC.				
PHILCEMENT CORPOR	ATION											
4 Registered Address										7	4A ZIP	Code
Garcia Rd. Mariveles Div	ersion Road	Marive	eles, Bata	an				NAME OF THE OWNER, OWNE		١		
5 Foreign Address, if applicable												
				Server la form	etlon					Manufacture of the second		
		206		ayor Inform	5000	000 1				-		*
6 Taxpayer Identification Number (TIN) 7 Payor's Name (Last Name, First Name)	a Middle Name	q06	534	ered Name				Esympton Control	1			
7 Payor's Name (Last Name, First Name) STARPORT PH HOLDIN	IGS INC (F	ORME	RLY: ST.	ARPOR1	TRA	DING	CORPO	RATION)			
8 Registered Address	IOB II (E. (E										8A ZIP	Code
Rm 301, Grace Building,	Ortigas Ave	., Green	hills, San	Juan Cit	y						150	3
	Part III	- Details o	of Monthly In	come Paym AMOUNT	ents and	Taxes V	Vithheld					
Income Payments Subject to Expande	d ATC	1st Mo	nth of the	2nd Month	of the	3rd Mo	nth of the	Tota	al	Tax V	Vithheld I Quarter	
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Income payment made by top withholding agents to their local/resident supplier of goo other than those covered by other rates of withholding tax	wC158	,					235,714.29	235	5,714.29		2	2,357.14
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We declare under the penalties of perj	ury that this certi	ficate has b	een made ir	good faith,	verified b	y us, and	to the best	of our knowle	dge and	belief, is	s true and	correct
oursuant to the provisions of the National In processing of our information as contempla	ternal Revenue of the *D	Code, as a	mended, and y Act of 2012	the regulation	ons issue 0173) for	d under a	utnority thei and lawful	purposes.	we give	our cons	ent to the	
)	of the state of		an local management				
		(COMP	JOY	R. TAHIL	10-5390-	20001						
	Signature over	Printed Nar	me of Payor	Payor's Auth	orized R	epresenta	tive/Tax Ag	ent	1			
Tax Agent Accreditation No./			Indicate Title/ Date of Is		and TIN)		\neg	Date of Expin	v [\neg
Attorney's Roll No. (if applicable)			(MM/DD/Y	m L	DATE OF THE REAL PROPERTY.			MM/DD/YYYY	Ш	\Box		لــــــــــــــــــــــــــــــــــــــ
		NA ALCONOMICS	CO	NFORME:								
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