

DEPOSIT SLIP

	TO MAKE CARBON COPY CLEAR.	BREAKDOWN	
DATE	P FOR EACH DEPOSIT TYPE.	Denomination/ Pieces/ Bank Check No.	Amount
	1	UB627566	
ACCOUNT NUMBE	R	091324 15:28:49 001720019670	
		SUNFISH DATAON PHILIPPINES INC	
ACCOUNT NAME		ON-US CHECK DEPOSIT. 12,705.00	
ACCOUNT NAME		Total 12,705.00	
DEDOSIT TYPE (DI	ease choose only one)	Thank You,	
DEFOSIT TIFE (FIE	ease choose only one)	GAMARAFINA	
Cash	Check	UNIONBANK JULIA VARGAS BRANCH	
CURRENCY			
☐ PHP	USD		
Others:		THIS DEPOSIT IS GOVERNED BY THE UNIONBANK DEPOSIT TERMS AND CONDITIONS. PLEASE CHECK THE VALIDATION BEFORE LEAVING THE BANK.	
		THIS SERVES AS YOUR RECEIPT ONCE MACHINE VALIDATED / SIGNED BY TELLER. TO TAL DEPOSIT	



For BIR BCS/ Use Only Item:



Republic of the Philippines Department of Finance Bureau of Internal Revenue

2307 Certificate of Creditable Tax
Withheld at Source

2307 01/18ENC	S

January 2018 (ENCS)			With	reld a	at So	urce)				23	07 01/18	ENCS
ill in all applicable spaces. Mark a	I appropriate	boxes with a						-	-			20000	
For the Period F	rom 09	01, 20	24 1	MWDON	YYY)		To	09	30	2024	(MWDL	277777)	
				ntl-Pay	ree Inform	ntion							
2 Taxpayer Identification Number	er (TIN)	0	091 - 0	9081	- 949	-	0001						
3 Payee's Name (Last Name, F	irst Name, Mi	ddle Name f	or Individual O	R Registe	red Name	for Non-I	ndividual						
SUNFISH DATAO													
4 Registered Address												4A ZIP	
Emax Bldg, Circum	ferential I	Road, L.S	Sumulong I	Memori	ial Circl	e, Brg	y. San	Roque	, An	tipolo City		1,870	
Foreign Address, if applicable													
			Pa	art II – Pa	vor Inform	ation		approximate and					
6 Taxpayer Identification Number				534	- 211	4	000						
7 Payor's Name (Last Name, F													
STARPORT PH HO	DLDINGS	, INC. (F	ORMERL	Y: STA	ARPOR	T TRA	DING	CORF	POR	ATION)		and the same	
8 Registered Address												8A ZIP C	
Room 301 Grace B	uilding, O								Charles on	Annual Prints Hill Street		1,503	
		Part III -	Details of Mo	onthly Inc	AMOUNT	OF INC	OME PA	YMENTS			Taxin	lithheld fo	
Income Payments Subject to Withholding Tax	Expanded	ATC	1st Month o	BEACHARMAN TO THE	2nd Month Quart		CONTRACTOR OF THE	onth of th	ie	Total	STATE OF THE PARTY	Quarter	or the
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Total Money Payments Subject to W	ithholding of												231.0
Business Tax (Government							4000						
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					R. TAMIL)							
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	319	. State Over		A CONTRACTOR OF THE PARTY OF TH	Designation			nauve/ (d)		STATE OF			
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)				Date of Is						ate of Expiry			
morney & Non No. (it applicable)			30 10 10		NFORME:				(iV				The about
			O. D. L.	Tarih		DINES	NC						
					ON PHILIP								
	Sig	nature over I	Printed Name					ntative/Ta	x Age	ent	0.00		
Tax Agent Accreditation No.J				Date of Is	Designation	and III	1		D	ate of Expiry		T	
Attamanta Ball No. (familiachia)				(MM/DDA		1		1.1	(1)	MADDAYYYY	1 1	1 1	1 1

