

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



January 2018 (ENCS)	Withheld at Source					2307 01/18ENCS		
ill in all applicable spaces. Mar	AND DESCRIPTION OF THE PERSON		2010	200000	+ -	21 2024	(MM/DD/YYYY)	
1 For the Period	From 10	01 20	24	07777)	To 10	31 2024	(IVIIVE DEFTITI)	
				Payee Information				
2 Taxpayer Identification Num		0	00 - 856		002			
3 Payee's Name (Last Name			for Individual OR Regi	stered Name for Non-	Individual)			
RICSAN SECURI	TY AGEN	CY					4A ZIP Code	
4 Registered Address		Decal	ad City					
Florenceville Subo		oy, Bacol	lou City					
5 Foreign Address, if applical	ole .		7					
	and the second			Payor Information			CHICAPPE TO THE PART	
6 Taxpayer Identification Num	ber (TIN)	[0	86 - 862	- 2481 - 0	000111			
7 Payor's Name (Last Name,								
FIRMUS CEMEN	T TRADIN	NG INC.						
8 Registered Address	awky Intern		Marine Sales	teresta per el como			8A ZIP Code	
620 Magnolia St.,	San Juan,						1,900	
		Part III -	Details of Monthly I	AMOUNT OF INC				
Income Payments Subject to Exp Withholding Tax		ATC	1st Month of the	2nd Month of the Quarter	3rd Month of Quarter		Tax Withheld for the Quarter	
ncome payment made by top w			Quarter	Quarter	Quarter			
gents to their local/resident sup ther than those covered by oth vithholding tax	plier of goods	WC160	5,862.75			5,862.75	117.25	
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					And the second second			
			27420G					
							4	
otal	65 15 15 W 18 I						117.2	
oney Payments Subject to V		15075						
Business Tax (Government	& Private)		A Section					
		N. T. X						
		And the second			entra entra			
		A. A						
					7			
otal							-	
We declare under the penal	ties of perjury t	hat this certif	icate has been made	ir good faith, verified	by us, and to the	best of our knowledge and	belief, is true and correct	
rsuant to the provisions of the ocessing of our information as	National Interna	al Revenue C	Code, as amended, ar	nd the regulations issu	ed under authorit	y thereof. Further, we give	our consent to the	
	- January I			1				
				FICER / 7510-5390	-2000)			
		nature over F	Printed Name of Payor	r/Payor's Authorized F	Representative/Ta	x Agent		
	Sign	AND DESCRIPTION OF THE PARTY AND DESCRIPTION	(Indicate Title	Designation and TIN		Date of Expiry		
Tax Agent Accreditation No I	Sign			SSUE		Date of LADITY		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	Sign		Date of (MM/DD/	mm LLL	لسا	(MM/DD/YYYY)		
	Sign		Date of (MM/DD/			THE RESERVE AND ADDRESS OF THE RESERVE OF THE PARTY OF TH		
	Sign		Date of (MM/DD/	YYYY) LLLL DNFORME:		THE RESERVE AND ADDRESS OF THE RESERVE OF THE PARTY OF TH		
			Date of I	ONFORME: ECURITY AGENCY	Representative/T	(MM/DD/YYY) LL		
			Date of I	DNFORME: ECURITY AGENCY Payee's Authorized F Designation and TIN)		(MM/DD/YYY) LL		