BDO		Cash Transaction Slip	Currency Peso US Do	Date 10/11/24	
Deposits Current Savings Time Deposit/	Account No.	coastors conecing agent assument or eagle nto the gossession of the Bank, the right is res in ed.	Use separate slip(s) for o	each type of transaction. Pieces	Amount on s
Time Deposit/ Placement For Account with Deposit Reference Facility	Payor's Name	on resumption of anline operations, BDO w. Reference No.	FK tWC	T2	alicel plantus nen
☐ Bills Payment	Company Name (ONVEYGE ICT SAINT) Subscriber's Name Top Armorta Cemen	Subscriber's Account No.	Serial N		
☐ Cash Card ☐ Sale ☐ Reload ☐ Payment ☐ Loan ☐ Trade	Cardholder's Name/Contact No. Borrower's Name	Cash Card No. Promissory Note No. / Trade Reference No.		() ()	
00444 CONVERGE 1 1464602342795 TO #b56d3d7d-ae4c 0	OP ARMADA C PHP 9212.86 Cas	h 1			
	This serves as your receipt when	machine validated.		Total Amount	\$9,212.86

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

A STATE OF THE PARTY OF THE PAR	
1	2307 01/18FNCS

January 2018 (ENCS)				vittillei	u at	Sour	ce				de la	2307 01/	18ENC
ill in all applicable spaces. Mark all	appropriat	e boxes	with an "X"	1 2000000000000000000000000000000000000		The second second	A NAME OF THE OWNER, OWNER, OWNER, OWNER,			_	Switzella	CONTRACTO	THE A
1 For the Period Fro	10	12	2024		DDYYYY)			To 1	0 31	2024	(MM	ייייין/ססע)
				Part I -	Payee In	ormation							
2 Taxpayer Identification Number	(NIT)		900	- 488	- 79	31 -	opoq	0 1					
3 Payee's Name (Last Name, First	st Name, N	Aiddle Na	me for Ind	ividual OR Reg	gistered N	me for No	n-Individ	lual)					
CONVERGE INFORMATI	ON AND	COM	JUNICA	TIONS TECH	NOLOG	SOLUT	IONS II	VC.			Suprivite 40		
4 Registered Address									MAK IN N			4A ZI	P Code
New Street Bddg., McA	rthur Hi	-way, B	alibago,	Angeles Cit	y, Pamp	anga							11
5 Foreign Address, if applicable													
				Part II –	Payor Inf	ormation					No File S	7	
6 Taxpayer Identification Number	(TIN)		909	- 210	- 29	61 -	0001						
7 Payor's Name (Last Name, First	Name, M	iddle Nar	ne for Indiv	idual OR Regi	stered Na	ne for Nor	-Individu	ial)					
TOP ARMADA CEM	IENT C	ORPO	RATIO	N									
8 Registered Address											_	8A ZIF	Code
Unit 311 AIC Burgun	dy Emp	ire To	wer, AI	DB Avenue	, Ortiga	s Cente	er, Brg	y. San	Anton	nio, Pasig		460	1 4
City	Sec.	Part	III - Detail	s of Monthly I							100000	THE IS TO	DESCRIPTION OF THE PERSON OF T
Income Payments Subject to Ex			1st I	Month of the		NT OF IN	CONTRACTOR OF THE PARTY	Month o			Tax Withheld for the Quarter		
Withholding Tax				Quarter	Qu	arter	M. Richardson	Quarter	25 S.	Total		Quarte	
Income payment made by top withho agents to their local/resident supplier services other than those covered by	of	WC16	0	3,303.57						3,303.5	,		66.0
rates of withholding tax			4		-						-	er death .	
							A CONTRACTOR		A STATE OF STATE	A Control of Control	All bearing	A 100 Late	Co Succession
								-		Maritiment of the con-	-		Service Co
		-			line and		G-1.10	-	-	The same of the sa	15.500	the first say	
		777	46 14 min		A CONTRACTOR		A-1-1-1				Towns or	Livery New	315
		-			AND THE W		-		77.0			Ar Stephen	
Total	- Service				Andrew Control	and the same	PER PER	part of the	er en	The state of the state of	100		46.3
Money Payments Subject to Withh				Sec. 12.			1035						
Business Tax (Government & P	rivate)					SANGE E			Marine Com				
					-		-	a mare to ye			rem e	THE PARTY	
						-	78	ALCOHOL:		ALL STREET, ST. ST. ST.		10/18/05	-
			-								JIE KOT		
							10,122						775
			and the same						-1.07 A.	A CONTRACTOR		4	
											A62.7 (18)		1200
											-		
Total													•
We declare under the penalties of	of perjury th	nat this ce	rtificate ha	s been made in	good fait	n, verified I	by us, an	d to the	best of o	ur knowledge and	belief, i	s true and	correct
pursuant to the provisions of the Natio											our cons	sent to the	
				-	A								
			1001		Y FL TAH		00001						
	Sign	nature ove	r Printed N	IPLIANCE OF lame of Payor/	Payor's A	thorized R	epresen	tative/Ta	x Agent				
				(Indicate Title/	Designation								
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)				Date of Is	650000 CANDA		1 1			of Expiry		1.1	1
in the No. 2 of the State of the Control of the Con					NFORME				(-1111)		NAME OF THE PERSON OF THE PERS	State of the	
	CONVER	RGE INFO	DRMATION	N AND COMM	UNICATIO	NS TECH	NOLOG	Y SOLU	TIONS IN	NC.			
	Signa	ture over	Printed Na	me of Payee/F	ayee's Au	thorized R	epresen	tative/Ta	x Agent				A C
				12 10									
Tax Agent Accreditation No./				(Indicate Title/L	NAME OF TAXABLE PARTY.	and TIN)			Date	of Expiry			

