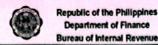
For BIR BCS/ Use Only Item:



2307

Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate	howne with	an "Y"				2307 01/18ENCS
1 For the Period From 06	1	The second second	DYYYY)	To 06 3	0 2024	(MM/DOTTYY)
Parings I and the second of the second	VI 2		Pavee Information		V 12027	
2 Taxpayer Identification Number (TIN)	F	004 - 638	- 7021 -	00000		
3 Payee's Name (Last Name, First Name, M					Service Services	
Nippon Paint (Coatings) Phili	ppines, l	Inc.				
4 Registered Address						4A ZIP Code
No. 4 Hologram St., LISP 1,	Diezmo,	Cabuyao, Lagur	na			
5 Foreign Address, if applicable						
		Part II -	Payor Information			
6 Taxpayer Identification Number (ΠΝ)		909 - 210	- 2961 -	000		
7 Payor's Name (Last Name, First Name, Mi			stered Name for Non-	Individual)		
TOP ARMADA CEMENT C	ORPOR	ATION	and the second second			
8 Registered Address						8A ZIP Code
Unit 311 AIC Burgundy Emp					tonio, Pasig	1605
	Part III -	Part III – Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS				
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the	2nd Month of the Quarter	3rd Month of the	Total	Tax Withheld for the Quarter
		Quarter	Quarter	Quarter		
ncome payment made by top withholding agents to their local/resident supplier of services other than those covered by other ates of withholding tax	WC158			85,110.96	85,110.96	851.11
				2		
otal						851.11
Money Payments Subject to Withholding of				1 1 1 1 1 1 1 1 1	Head of L	21
Business Tax (Government & Private)						
					-	
						· d
[otal						•
We declare under the penalties of perjury the oursuant to the provisions of the National Internation orocessing of our information as contemplated u	Revenue (Code, as amended, ar	d the regulations issu	ed under authority the	reof. Further, we give	belief, is true and correct our consent to the
		JO	RIAML FFICER / 7510-5390			
Sign	ature over f	Printed Name of Payo		Representative/Tax Ac	gent	
Tax Agent Accreditation No./		Date of			Date of Expiry (MM/DD/YYYY)	
Attorney's Roll No. (if applicable)		THE RESERVE OF THE PERSON NAMED IN	ONFORME:		(and Correction)	
400			oatings) Philippines,			
Sign	ature over P	Printed Name of Payer (Indicate Title	e/Payee's Authorized for e/Designation and TIN		gent	
Tax Agent Accreditation No./	3.00	Date of			Date of Expiry	

