PNB	DEPOSIT SLIP	DATE: 0.9/06/24					
Account Name:	Conside 1	MMDDYY					
Account No.	receipty Ac	geney					
308170	00093	3					
Pasig-Ortigas Garnet B Tou have made a CHECK of PHP 12.457.59 to 308170000933 RICSAN Bank Check Number 3DO 0000275109	DEPOSIT - REGULAR on 09-06-20	24 11:02:57					
	ron (tennity 7						
UNKE 16-3	0, 2024 CDU	MAZUETE					
nttee							
Currency: \$	GINE MAE N. Sea# 15 With us. With PNB. Yo please ensure the correctness of the lis document is considered valid when Others	transaction details as a machine validated.					
NOTES QTY AMO	OUNT NOTES QT	AMOUNT					
500	100						
200	20						
TOTAL COINS	TOTAL CASH DEPOSIT						
СНЕСК	TOTAL CHEC	× 12,457.59					
NO. OF CHECKS (max. of 10)	MANAGEM TO SECOND						
If you are not the appoint Name:	ADMA	information below.					
Contact No.: 049516706	93 Relationship:	toployee					
Purpose: Deposit	Citizenship:	h lipino					
provided herein the transaction. All perso the Bank's Data Pri (www.pnb.com.ph)	e collection and process at will be used for factorial data will be processed vacy Policy provided in and applicable data prive amended from time to the JONA ZHEN A CALABRIA	d in accordance with the Bank's website					
The Charles	Depositor's Signature						
Approved by:							
LIENT'S COPY		CA004 3 Sept 12					



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)			VVICINION	a at oour			2307 01/18ENCS
Fill in all applicable spaces. Mark	DAGES TO SECOND	-	4	244404	. []	T7	AMUDDAGGA
1 For the Period F	rom 08	01 20	24	DYYYY)	To 08 0	1 2024	(MM/DD/YYYY)
			Part I -	Pavee Information			
2 Taxpayer Identification Numb			36 - 871	7181 - 0	0000		
3 Payee's Name (Last Name, F			for Individual OR Reg	istered Name for Non-	Individual)		
RICSAN SECURIT	Y AGENC	CY					
4 Registered Address			A SHOW WHAT				4A ZIP Code
Florenceville Subd.,	السا						
5 Foreign Address, if applicable							
			Part II -	Payor Information			
6 Taxpayer Identification Numb			08 - 862		00111		
7 Payor's Name (Last Name, F			or Individual OR Regis	stered Name for Non-li	ndlvidual)		
FIRMUS CEMENT	TRADIN	G INC.					
8 Registered Address							8A ZIP Code
620 Magnolia St., San	Juan, Caint						1900
		Part III -	Details of Monthly I	AMOUNT OF INC			T-100000-146-4
Income Payments Subject to Withholding Tax	Expanded	ATC	1st Month of the	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
Income payment made by top with	hholding		Quarter	Quarter	Quarter		
agents to their local/resident supp services other than those covered rates of withholding tax	lier of	WC160		1,954.25		1,954.25	39.08
						-	-
							•
							•
							39.08
Total Money Payments Subject to Wi	thholding of	Section 1					35.06
Business Tax (Government &	Private)						
	-						
otal							
We declare under the penaltie	es of periury the	at this cortifi	cate has been made	in good faith verified b	ovus and to the hest	of our knowledge and	helief is true and correct
ursuant to the provisions of the N	ational Internal	Revenue C	ode, as amended, an	d the regulations issue	ed under authority the	reof. Further, we give	
rocessing of our information as co	ontemplated ur	nder the *Da	ata Privacy Act of 201	2 R.A. No 10173) for	r legitimate and lawfu	purposes.	
			JO	AHIL			
	01			FHCER 17510-5390			
	Signa	ature over P		r/Payor's Authorized R c/Designation and TIN		jent	
Tax Agent Accreditation No./			Date of	A CONTRACTOR OF THE PARTY OF TH		Date of Expiry	
Attorney's Roll No. (if applicable)			(MM/DD/	ONFORME:	TOTAL PARTY CALLS	(MM/DD/YYYY) L_L	
	3						
		476	RICSAN S	ECURITY AGENCY			
	Signa	ture over Pr		/Payee's Authorized F		gent	
Tax Agent Accreditation No./			Date of I	Designation and TIN		Date of Expiry	
Attorney's Roll No. (if applicable)		site (www hi	(MM/DD/	mm [(MM/DD/YYYY)	