200						
叄	\mathbf{n}	Ot	ra	7	n	v
	IVI	CL	U	UC		
METROF	OLITI	N BAN	K & TI	RUST	COMP	ANY

DEPOSIT SLIP

ACCOUNT NUMBER 122-3, 122-3, 875-4		CASH DEPOSIT	
ACCOUNT NAME ENCON STRUCT AGENCY	DENOMINATION	NO. OF PIECES	AMOUNT
Please mark with (✓) the type of account (use separate Deposir Slip for each type of currency) □ SAVINGS □ CURRENT □ Peso □ U.S. Dollar □ Other Currency (Please specify)			
122-3-12253875-4 EVCA SECURITY 10/14/2024 13:44:16 DEP ON IB 0164 631 43163 PHP 67,832.90	TOTAL CA	SH DEPOSIT CHECK DEPOSIT	
CL 67.832.90			eth a self-real
01,002.70	BANK/BRANCH	CHECK NUMBER	AMOUNT
07,002.70	BANK/BRANCH	2002 (13.24)	67,832.90
01,002.70			15 820 an
			15 820 an
THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED	ar.		15 820 an

For BIR BCS/ Use Only Item:

Attorney's Roll No. (If applicable)
*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines
Department of Finance Bureau of Internal Revenue

BIR Form No. 2307 January 2018 (ENCS)	Certificate of Creditable Tax Withheld at Source							
Fill in all applicable spaces, Mark all 1 For the Period Fro		2024		DYYYY)	To 10 31	2024	(MM/DDYYYY)	
		1 4024	The same of the sa	- Payee Information	10 3	4024		
2 Taxpayer Identification Number	(TIN)	188	- 435	- 4871 - 00	01 1 1			
3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)								
EVCA SECURITY A	GENCY	A American						
P. Zamora St., Brgy.	14 Taclobar	City			The second second		4A ZIP Code	
5 Foreign Address, if applicable	14 Taciobai	reny						
			0.60	- Payor Information				
 Taxpayer Identification Number Payor's Name (Lest Name, First 				- 2961 - 00				
TOP ARMADA CEM				ered Name for Non-Inc	dividual)			
8 Registered Address	Factoring	O I CITATI					8A ZIP Code	
Unit 311 AIC Burgundy	Empire Tov	ver. AD	B Avenu, Ort	igas Center, Bro	y San Antonio	Pasig	1,605	
City		Part III -	Details of Month	y Income Payments a	and Taxes Withheld	, r usig	Specification and the second	
Income Payments Subject to Ex Withholding Tax	cpanded A	TC 1	st Month of the Quarter	AMOUNT OF INC 2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter	
Income payment made by top withho agents to their local/resident supplier services other than those covered by rates of withholding tax	of W	C160	11,120.14			11,120.14	222.40	
Total							222.40	
Money Payments Subject to With	holding of							
Business Tax (Government & F	Private)							
Total		-						
We declare under the penalties pursuant to the provisions of the Nat our information as contemplated und	ional Internal Rev	enue Code	e, as amended, and	d the regulations issued	d under authority there	of our knowledge and eof. Further, we give	belief, is true and correct, our consent to the processing of	
	0)	ture ever 5	(COMPLIANCE	JOY R. TAHIL OFFICER 1510-53: yor/Payor's Authorized	90-2000)	Agent		
	Signa	ture over P	(Indicate)	Title/Designation and T	T(N)			
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)			Date of (MW/DD/			Date of Expiry (MWDDYYYY)		
				SECURITY AGENCY				
	Signat	ure over Pr		yee/Payee's Authorize		Agent		
Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)			Date of (MM/DD/	Issue		Date of Expiry		

