| BDO | | Check Transaction Slip | Currency Peso US Dolli | ar Others | Date 6 Loc Louis |
|---|--|--|--|---|--|
| Deposits | Account Name | POINT (coannes) PHIL. INC. | Local On-us | MC/DD Gth | iers |
| Current Savings Time Deposit/ Placement | Account No. | POINT (COOTNOS) PHIL: INC. ON STATE OF THE S | Use separate slip(s) for ea | ach type of transaction. Check No. | Amount |
| For Account with Deposit Reference Facility | Payor's Name | ORT TRAP ING LOOKPEN by as muses relieved | ers and processors and the depo | 1429779 | 34.762.86 |
| ☐ Bills Payment | Company Name Subscriber's Name | Institution Code Product Code | endinhaated etic. ks ("Por seesaay for the electrics and such other abutical ing Laws"), which are de | Signamus bridi bases en taltzanakli egisəmə taltatığı bat taratan Charli Olay | The state of the s |
| Payment Loan Trade | Borrower's Name | Promissory Note No. / Trade Reference No. | earth and the check should be check should be check should be check should be checken the check the checken to be consistent to the checken to be checke | and Cestings That Inc. | osepre Jank jeke ji Maru sou princaba |
| Machine Validation Application 006008 | 01 2919 grodbath und asa | Archeckenal be sispered of by BD. or mewerisch, other behood as may be 28.237.488 (988) mersoneling by knowingly, unconditionally and irrovocauty releases of action that the Depositor may now or and | agroes that the origin of presentment or such tally the Depositor here was from any right, claim | escor el el overego. (8) - escot e from code cos alme tal ligis. Plu aeris ado ropresental | 1000 |
| 00495 Ref#: | Fr DUS 20 Aug 2024 20-08-2 | 24 15:19:16 510C 495 603 289 | placed herawith my check for deposit inc approachles awayrules an | t ansatz figurs pontees a cod right to refuse a Kap s cooldanse what | - 100 med off 100 |
| Ton Commit Overri | and the second of the second o | an liw Ods anoured online to neutrinize mod | ance will be Gridaled up | Total Amoun | #34,76x.80 |

This serves as your receipt when machine validates



For BIR BCS/ Use Only Item:



Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. 2307

Certificate of Creditable Tax Withheld at Source

| COST OF BEING |
|---------------|

| Fill in all applicable spaces. Mark all appropriat 1 For the Period From 06 | 1 | | (MWDD/ | yyyy | To | 06 30 | 2024 | (MMDDYYYY) | |
|---|--------------|--|--|------------------------------------|--|-----------------|--|---------------------------|----------|
| 06 | VII 1 4 | 024 | Annual Property of the Party of | vee Information | | 100 134 | 2027 | ALL CONTRACTOR CATEGORY | |
| 2 Taxpayer Identification Number (TIN) | [0 | | 6381 | - 7021 | 00000 | | | | |
| 3 Payee's Name (Last Name, First Name, N | | | | | | | | | |
| Nippon Paint (Coatings) Phil | ippines, I | nc. | | | | | | | |
| 4 Registered Address | | | | | | | | 4A ZIP (| Code |
| No. 4 Hologram St., LISP 1, | Diezmo, | Cabuyao, | Laguna | | | | | | |
| 5 Foreign Address, if applicable | | | | | | | | | |
| | | | | | | | | | |
| Taxpayer Identification Number (TIN) | The same of | 196 | | vor Information | | | | Warner and a second | |
| 7 Payor's Name (Last Name, First Name, N | | or Individual C | 534 ₁ | - 211 | n-Individua | | | | |
| STARPORT PH HOLDING | | | | | | | RATION) | | |
| 8 Registered Address | 3, 11 (0) (1 | | | | | | | 8A ZIP | Code |
| Room 301 Grace Building, C | rtigas Av | enue, Gre | enhills, | San Juan C | ity | | | 1,503 | |
| | Part III - | Details of M | onthly Inc | ome Payments | | | | | August : |
| Income Payments Subject to Expanded Withholding Tax | ATC | THE RESIDENCE OF THE PARTY OF T | | 2nd Month of th | A STATE OF THE PARTY OF THE PAR | onth of the | Total | Tax Withheld for Quarter | |
| Withfilliang Tax | | Quart | er | Quarter | | Quarter | lotai | Quarter | |
| ncome payment made by top withholding igents to their local/resident supplier of ervices other than those covered by other ates of withholding tax | WC158 | | | | | 31,317.89 | | | 313.18 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | 4.00 |
| | | | - | | | - | | | |
| otal | | No. of Contrast of Contrast | | | | | | | 313. |
| Noney Payments Subject to Withholding o | f | | | | | E Water | | | |
| Business Tax (Government & Private) | | | | | | | | | |
| | | | | | | | | | - |
| | | | | | | | | _ | 1000 |
| | | | | | | | | | TO A ST |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | - |
| | | | | | _ | | | | |
| | | - | | | - | | | | - |
| otal | N - 4 (0.) | | | 15.71 | | | l of a self-result of | as and halist is true | des |
| We declare under the penalties of perjury ursuant to the provisions of the National Inter rocessing of our information as contemplated | nal Revenue | Code, as ame | ended, and | the regulations | issued unde | er authority th | ereof. Further, we | e give our consent to the | e e |
| S | gnature over | | | FICER / 7510-5 Payor's Authoriz | | entative/Tax A | gent | | |
| | | | ticate Title | /Designation and | | | Date of Expiry | | |
| Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) | | | Date of I | | | | (MM/DD/YYYY) | | |
| | | | CC | NFORME: | | | | | |
| | | | | oatings) Philippi | | | | | |
| Si | gnature over | | | /Payee's Authority/Designation and | | entative/Tax | A STATE OF THE STA | | |
| Tax Agent Accreditation No./ | | | Date of I | ssue | | | Date of Expiry (MM/DD/YYYY) | | |