For BIR Use Only | BCS/ Item:

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

2307 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Period From 01/01/2025 (MM/DD/YYYY) To 12/31/2025 (MM/DD/YYYY)

Part I – Payee Information

2 Taxpayer Identification Number (TIN) 232-321-684-000

3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
CABOROG, JOMAR

4 Registered Address | 4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN) 001-391-265-000

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
CEBU TECHNOLOGICAL UNIVERSITY, MAIN CAMPUS

8 Registered Address
R. PALMA ST. SAN ROQUE, CEBU CITY | 8A ZIP Code 6000

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS 1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
	W1010				77,591.60	3,879.58
Total						3,879.58
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						3,879.58

We declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

GILMINARDE A. SANTOS
Accountant IV
Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) | Date of Issue (MM/DD/YYYY) | Date of Expiry (MM/DD/YYYY)

CONFORME:

JOMAR CABOROG
Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) | Date of Issue (MM/DD/YYYY) | Date of Expiry (MM/DD/YYYY)

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

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BIR Form No. **1701A**
January 2018 (ENCS)
Page 1

Annual Income Tax Return

Individuals Earning Income PURELY from Business/Profession
[Those under the graduated income tax rates with OSD as mode of deductions OR those who opted to avail of the 8% flat income tax rate]
Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.

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1 For the Year (MM/YYYY): 12 / 2025 | 2 Amended Return? ○ Yes ◉ No | 3 Short Period Return? ○ Yes ◉ No

PART I - BACKGROUND INFORMATION ON TAXPAYER/FILER

4 Taxpayer Identification Number (TIN): 232 - 322 - 684 - 000
5 RDO Code: 080
6 Taxpayer Type: ◉ Single Proprietor ○ Professional
7 Alphanumeric Tax Code (ATC): ◉ II012 Business Income-Graduated IT Rates ○ II014 Income from Profession-Graduated IT Rates ○ II015 Business Income-8% IT Rate ○ II017 Income from Profession-8% IT Rate
8 Taxpayer's Name (Last Name, First Name, Middle Name): CABOROG, JOMAR D.
9 Registered Address (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905): PAGSABUNGAN, MANDAUE CITY
9A Zip Code: 6014
10 Date of Birth (MM/DD/YYYY): 09/22/1982
11 Email Address: superservices730@gmail.com
12 Citizenship: FILIPINO
13 Claiming Foreign Tax Credits? ○ Yes ◉ No
14 Foreign Tax Number, if applicable:
15 Contact Number (Landline/Cellphone No.): 0
16 Civil Status: ○ Single ◉ Married ○ Legally Separated ○ Widow/er
17 If married, spouse has income? ○ Yes ○ No
18 Filing Status: ○ Joint Filing ○ Separate Filing
19 Tax Rate: ◉ Graduated Rates with OSD as method of deduction ○ 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of the NIRC, (available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M))

PART II - TOTAL TAX PAYABLE (DO NOT enter Centavos. 49 Centavos or less drop down, 50 or more round up)

Particulars		A) Taxpayer/Filer		B) Spouse
20 Tax Due	20A	0.00	20B	0.00
21 Less: Total Tax Credits/Payments	21A	3,880.00	21B	0.00
22 Tax Payable/(Overpayment) (Item 20 Less Item 21)	22A	-3,880.00	22B	0.00
23 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 20)	23A	0.00	23B	0
24 Amount of Tax Required to be Paid upon Filing/(Overpayment) (Item 22 Less Item 23)	24A	-3,880.00	24B	0.00
Add: Penalties 25 Surcharge	25A	0.00	25B	0
26 Interest	26A	0.00	26B	0
27 Compromise		0.00	27B	0
28 Total Penalties (Sum of Items 25 to 27)		0.00	28B	0.00
29 Total Amount Payable/(Overpayment) (Sum of Items 24 and 28)	29A	-3,880.00	29B	0.00
30 Aggregate Amount Payable/(Overpayment) (Sum of Items 29A and 29B)		-3,880.00		

If overpayment, mark one(1) box only. (Once the choice is made, the same is irrevocable)
○ To be refunded ○ To be issued a Tax Credit Certificate (TCC) ◉ To be carried over as a tax credit for next year/quarter

I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter and indicate TIN)

JOMAR D. CABOROG
Printed Name and Signature of Taxpayer/Authorized Representative & TIN

31 Number of Attachments: 0

PART III - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
32 Cash/Bank Debit Memo				
33 Check				
34 Tax Debit Memo				
35 Others (specify below)				

Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)

Stamp of Receiving Office/Authorized Agent Bank, Teller's Initial

Cebu Mandaue North Road
RECEIVED
5 JUN 2026
PNB 33385 RDO-080
Teller

ATTY. PAULO BARRIGAN, CPA
Group Supervisor

*NOTE: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)