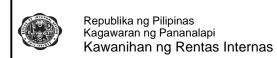
DLN:



Certificate of Update of Exemption and of Employer's and Employee's Information

BIR Form No.
2305
July 1999 (ENCS)

		•							
Fil	ill in all applicable spaces. Mark all appropriate boxes with an "X".								
1	Type of Filer 1 Employee (for update of "Exemption" and other employer's and employee's information) Self-employed (for update of "Exemption")								
2	Effective Date 2								
	(MM/DD/YYYY) ►								
Pai	artl Taxpayer/Employee Information								
3	Taxpayer 3 4 RDO Code	4							
5	Taxpayer's Name (Last Name, First Name, Middle Name) 5A	Date of Birth							
6	Registered Address	Zip Code							
	6A ▶	6B ▶							
	Residence Address	Zip Code							
	6C	6D							
	▶	>							
7	Sex —								
,	Male Female								
	I declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best	t of my knowledge and							
	belief, is true and correct, pursuant to the National Internal Revenue Code, as amended, and the regulations issued under	-							
	Taxpayer/Authorized Agent Signature over Printed Name								
Part II Employer Information									
	(If self-employed, please do not accomplish this part)								
9		10							
	Taxpayer 9 10 RDO Code Identification No.	10							
	Taxpayer 9 10 RDO Code Identification No. Employer's Name (For Non-Individuals)	10							
	Taxpayer 9 10 RDO Code Identification No.	10							
11	Taxpayer 9 10 RDO Code Identification No. I Employer's Name (For Non-Individuals) 11	10							
11	Taxpayer 9 10 RDO Code Identification No. Employer's Name (For Non-Individuals)	10							
11	Taxpayer 9 10 RDO Code Identification No. I Employer's Name (For Non-Individuals) 2 Employer's Name (For-Individuals) 12	>							
11	Taxpayer 9 10 RDO Code Identification No. I Employer's Name (For Non-Individuals) 2 Employer's Name (For-Individuals) Last Name First Name	10 Niddle Name							
11	Taxpayer 9 10 RDO Code Identification No. Employer's Name (For Non-Individuals) 11	>							
11	Taxpayer 9 10 RDO Code Identification No. I Employer's Name (For Non-Individuals) 2 Employer's Name (For-Individuals) Last Name First Name	>							
11	Taxpayer 9 10 RDO Code Identification No. Employer's Name (For Non-Individuals) 11	>							
11	Taxpayer 9 10 RDO Code Identification No. Employer's Name (For Non-Individuals) 11	Middle Name							
11	Taxpayer 9 10 RDO Code Identification No. Iden	Middle Name Barangay							
11	Taxpayer 9 10 RDO Code Identification No. Employer's Name (For Non-Individuals) 11	Middle Name							
112	Taxpayer 9 10 RDO Code Identification No. Iden	Middle Name Barangay							
112	Taxpayer 9	Middle Name Barangay							
112	Taxpayer 9 10 RDO Code Identification No.	Middle Name Barangay Zip Code Stamp of Receiving Office							
112	Taxpayer 9 10 RDO Code Identification No.	Middle Name Barangay Zip Code							
112	Taxpayer 9 10 RDO Code Identification No.	Middle Name Barangay Zip Code Stamp of Receiving Office							
112	Taxpayer 9 10 RDO Code Identification No.	Middle Name Barangay Zip Code Stamp of Receiving Office							
112	Taxpayer 9 10 RDO Code Identification No.	Middle Name Barangay Zip Code Stamp of Receiving Office							

RIR	Form	2305	(ENCS)	- Page 2

Part	•	Personal	Exemptions	BIR FORM 2305 (ENC.)	oj - raye z					
	Vil Status Single/Widow/Widower/Legally Separated (No dependents) Head of the Family Single with qualified dependent Widow/Widower with qualified dependent Legally separated with qualified dependent (Attach court decision) Benefactor of a qualified senior citizen (RA No. 7432) Married Personal Exemptions # Employment Status of Spouse: Unemployed # Husband claims additional exemption (Attach waiver of husband) Engaged in Business Husband claims additional exemption (Attach waiver of husband) Wife claims additional exemption (Attach waiver of husband)									
19	Claims for Additional Exemptions / Premium Deductions for husband a Husband claims additional exemption and premium deduction		Wife claims addition	nal exemption and premium deduc						
20	Spouse Information Spouse Taxpayer Identification Number									
2	Spouse Name (if wife, indicate maiden name)									
	20B									
	Last Name	First	Name	Middle Name						
2	Spouse Employer's Taxpayer Identification Number		Spouse	Employer's Name						
	*									
Part	t IV Section A Number and Names of Qualified Dependent	t Children								
21 Number of Qualified Dependents										
	Qualified	d Depende	ent Children							
	Last Name First Name		Middle Name	Date of Birth (MM / DD / YYYY)	Mark if Mentally/ Physically Incapacitated					
22A ▶	22B	22C		22D	22E ▶					
23A	23B	23C [23D	23E					
24A	24B	[24D	24E					
>	·	▶ [_	·					
25A ►	25B	25C ▶		25D ▶	25E ▶					
	tion B Name of Qualified Dependent Other than Children									
	Qualified Dependent Other than Children									
	Last Name First Name		Middle Name	Date of Birth (MM / DD / YYYY)	Mark if Mentally/ Physically Incapacitated					
26A ►	26B	26C ▶		26D	26E ▶					
	26F ► Relationship Parent Broth	her	Sister	Qualified Senior Citizen						
Part		ers (Multi	iple Employments) Withi	n the Calendar Year						
	Type of multiple employments Successive employments Concurrent employments (If successive, enter previous employer(s); if concurrent, enter main employer) Previous and Concurrent Employments During the Calendar Year									
TIN Name of Employer/s										