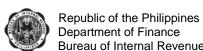
(To be filled up by BIR) DLN:____



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

BIR Form No. **2305**

771110	Bureau of Interr	nal Revenue	Ir	nformation		April 2017 (ENCS)	
	l applicable white spac	ces. Mark all appropriate					
Part I 1 Type	e of Filer Employee Self-employed		of Exemption of Employer's Infor	Employee Information Change of Civil Statu mation		f Filing (MM/DD/YYYY)	
4 Taxi	payer Identification				- 0,0,0,0,0	5 RDO Code	
6 Taxpayer's Name (Last Name) (First Name)							
1 1							
		(Middle Nan	ne)		(Suffix) 7	Date of Birth (MM/DD/YYYY)	
8 Sex		9 Place of E	Birth				
10 Pre	ferred Contact Type	Landline No.		Mol	bile Number		
	Email Address (requi	ired)		<u> </u>			
11 Loc	al Residence Addre			Bui	ilding Name		
	Lot/Block/Phase/Ho	use No			reet Name		
	Subo	division/Village/Zone			Baranga	ay	
		District			Municipality	//City	
			Province			ZIP Code	
12 For	eign Address						
Part II	ril Status —		Personal Exempt	ions/Spouse Information	14 With Qualified D	topondont	
	Single		Widow/er	Legally Separated	14 With Qualified D	Yes No	
Unemployed							
16 Who Claims for Additional Exemption & Premium Deduction (only for those with aggregate family income not exceeding P250,000/year)? Husband claims additional exemption and premium deduction (attach Waiver of Husband, if husband is employed locally or engaged in business/ practice of profession)							
17 Sp	ouse Name	(Last Name)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(First Name)	
	<u> </u>			(Suffix) 18 Spo	Use TIN		
10 Sn	ouso Employor's Na	amo (Loct Namo, Firet N	lomo Middle Nome I	f Individual) (Registered N	- I -	- 0,0,0,0,0	
19 3ρ	UUSE EMPIOYELS NE	Last Name, First N	ame, miuule marrie, l	I I I I I I I I	ame, ii Non maividua		
		1 1 1 1 1 1	20 Spouse Emp	loyer's TIN			
Part III			Additional				
	me of Qualified Dep	pendent* (Last Name, F	irst Name, Middle Na	me, Suffix)	Effective Ta	axable Year	
21A 21B							
21C							
21D							
cont.	Date of Birth (MM/D	DD/YYYY)	Relations	hip	Mark if PWD**	PWD Identification Number	
21A			<u> </u>	<u> </u>			
21B							
21C							
21D							

Part IV Change	e of Civil Status (for Female Taxpayer only)					
	From Single to Married From Married to Single					
22A Old Name/Maiden Name (First Name, Middle Name, La	ast Name)					
22B New Name/Married Name (First Name, Middle Name,						
1						
Part V For Employee with Two or N	More Employers (Multiple Employments) Within the Calendar Year					
23 Type of Multiple Employment						
	employer/s within the calendar year)					
Successive employments (With previous employer/s within the calendar year)						
Concurrent Employments (With two or mo	ore employers at the same time within the calendar year)					
	if concurrent, enter secondary employer/s)					
	Concurrent Employment During the Calendar Year					
23A Name of Employer						
	23B TIN of Employer					
	202 Till St EmploySt					
23C Name of Employer						
	23D TIN of Employer					
24 Declaration						
I declare under the penalties of perjury that this application, and all its attachments, have been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code of 1997, as amended, and the regulations issued under authority thereof.						
Гахраує	er(Employee)/Authorized Representative (Signature over Printed Name)					
Dovt VI	<u> </u>					
Part VI 25 Type of Registering Office 26 TIN	Primary Employer Information					
	27 RDO Code					
Head Office Branch Office						
28 Employer's Name (Last Name, First Name, Middle Name)	ne, If Individual) (Registered Name, If Non Individual)					
1						
20 Employer's Address						
29 Employer's Address Unit/Room/Floor/Building No. Building Name						
Unit/Room/Floor/Building No.						
Lot/Block/Phase/House No.	Street Name					
Subdivision/Village/Zone						
	Province ZIP Code					
	<u></u>					
30 Contact Details						
Landline Number Fax	Number Mobile Number					
Email Address (required)						
31 Relationship Start Date/Date Employee Was	32 Municipality Code (To be filled-up by BIR)					
Employed (MM/DD/YYYY)						
33 Declaration I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code of 1997, as amended, and the regulations issued under authority thereof. Stamp of BIR Receiving Office and Date of Receipt						
EMPLOYER/AUTHORIZED REPRESENTATIVE	/E Title/Position of Signatory					
(Signature over Printed Name)						
*A dependent means a legitimate, illegitimate, legally adopted or foster child chiefly dependent upon and living with the taxpayer if such dependent is not more than twenty-one (21) years of age, unmarried and not gainfully employed or if such dependent, regardless of age, is incapable of self-support because of mental or physical defect or a **Person With Disabilities (PWD) regardless of age, related to the benefactor within the fourth (4th) civil degree of consanguinity or affinity, not gainfully employed and is chiefly dependent upon and living with such benefactor for his/her support.						
CHECKLIST OF DOCUMENTARY REQUIREMENTS:						
I. Change of Civil Status	<u> </u>					
 1. Marriage Contract 2. Court Order (for declaration of nullity of marriage) 	1. Photocopy of PWD ID Card issued by the Person's With Disability Affairs Office (PDAO) or the City/Municipal Social Welfare and Development Office (C/MSWDO) of the place					
2. Sourt Stade (for addition of mainty of maintage)	where the PWD resides or the National Council on Disability Affairs (NCDA)					
 II. Qualified Dependent Child/ren 1. Photocopy of Birth Certificate of Dependent Child/ren 2. Sworn Declaration/Identification of Qualified PWD-Dependent, Support and Relation 3. Birth Certificate of the PWD 4. Medical Certificate attesting to disability issued by un accordance with the implement Rules and Regulations of Republic Act No. 10754 						
	5. Barangay Certification certifying that the PWD is living with the benefactor					