



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

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

1 Type of Filer <input type="checkbox"/> Employee (for update of "Exemption" and other employer's and employee's information) <input type="checkbox"/> Self-employed (for update of "Exemption")	2 Effective Date ▶ <table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> (MM/DD/YYYY)				

Part I Taxpayer/Employee Information

3 TIN ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> 00,000					4 RDO Code ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;"> </td> </tr> </table>		5 Sex ▶ <input type="checkbox"/> Male <input type="checkbox"/> Female
6 Taxpayer's Name (Last Name, First Name, Middle Name) ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>			6A Date of Birth ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> (MM/DD/YYYY)				
7 Residence Address ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>			7B Zip Code ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;"> </td> </tr> </table>				
7A Business Address (for Self-Employed) ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>			7D Zip Code ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;"> </td> </tr> </table>				

I declare, under the penalties of perjury, that this certificate 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 National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

8 _____
Taxpayer/Authorized Agent Signature over Printed Name

Part II Personal Exemptions

9 Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> without qualified dependent child/ren	10 Employment Status of Spouse: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession					
11 Claims for Additional Exemptions / Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000.00 per annum. <input type="checkbox"/> Husband claims additional exemption and premium deductions <input type="checkbox"/> Wife claims additional exemption and premium deductions (Attach Waiver of the Husband)						
12 Spouse Information Spouse Taxpayer Identification Number						
12A ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> 00,000					Spouse Name (if wife, indicate maiden name) 12B ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>	
12C ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					Spouse Employer's Taxpayer Identification Number Spouse Employer's Name	

Part III Additional Exemptions

13 Names of Qualified Dependent Child/ren (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer; not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally/Physically Incapacitated							
13A ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		13B ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		13C ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		13D ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					13E ▶ <input type="checkbox"/>
14A ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		14B ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		14C ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		14D ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					14E ▶ <input type="checkbox"/>
15A ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		15B ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		15C ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		15D ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					15E ▶ <input type="checkbox"/>
16A ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		16B ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		16C ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		16D ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					16E ▶ <input type="checkbox"/>

Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

17 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					
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>	
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>	
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>	

Part V Employer Information

(If self-employed, please do not accomplish this part)

18 TIN ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					19 RDO Code ▶ <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;"> </td> </tr> </table>	
20 Employer's Name (For Non-Individuals) ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>						
21 Employer's Name (For-Individuals) (Last Name, First Name, Middle Name) ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>						
22 Registered Address ▶ <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>						
No. (Include Building Name)	Street	Subdivision	Barangay			
District/Municipality		City/Province				
Zip Code		Zip Code				

23 Date of Certification (MM/DD/YYYY) ▶

--	--	--	--

Stamp of Receiving Office
and Date of Receipt

I declare, under the penalties of perjury, that this certificate 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, as amended, and the regulations issued under authority thereof.

24 _____ **25** _____
Employer/Authorized Agent Signature Title/Position of Signatory