



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 ▶ <input style="width: 100%;" type="text"/> <small>(MM/DD/YYYY)</small>
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Part I Taxpayer/Employee Information

3 TIN ▶ <input style="width: 100%;" type="text"/>	4 RDO Code ▶ <input style="width: 100%;" type="text"/>	5 Sex ▶ <input type="checkbox"/> Male <input type="checkbox"/> Female
6 Taxpayer's Name (Last Name, First Name, Middle Name) ▶ <input style="width: 100%;" type="text"/>		6A Date of Birth ▶ <input style="width: 100%;" type="text"/> <small>(MM/DD/YYYY)</small>
7 Residence Address 7A ▶ <input style="width: 100%;" type="text"/>		7B Zip Code ▶ <input style="width: 100%;" type="text"/>
Business Address (for Self-Employed) 7C ▶ <input style="width: 100%;" type="text"/>		7D Zip Code ▶ <input style="width: 100%;" type="text"/>

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"/> Widow/Widower <input type="checkbox"/> Legally separated <input type="checkbox"/> Married <input type="checkbox"/> with qualified dependent child/ren <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 12A Spouse Taxpayer Identification Number ▶ <input style="width: 100%;" type="text"/>	
12B Spouse Name (if wife, indicate maiden name) ▶ <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; font-size: 0.8em;"> Last Name First Name Middle Name </small>	
12C Spouse Employer's Taxpayer Identification Number ▶ <input style="width: 100%;" type="text"/> Spouse Employer's Name ▶ <input style="width: 100%;" type="text"/>	

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 ▶ <input style="width: 100%;" type="text"/>	13B ▶ <input style="width: 100%;" type="text"/>	13C ▶ <input style="width: 100%;" type="text"/>	13D ▶ <input style="width: 100%;" type="text"/>	13E ▶ <input type="checkbox"/>
14A ▶ <input style="width: 100%;" type="text"/>	14B ▶ <input style="width: 100%;" type="text"/>	14C ▶ <input style="width: 100%;" type="text"/>	14D ▶ <input style="width: 100%;" type="text"/>	14E ▶ <input type="checkbox"/>
15A ▶ <input style="width: 100%;" type="text"/>	15B ▶ <input style="width: 100%;" type="text"/>	15C ▶ <input style="width: 100%;" type="text"/>	15D ▶ <input style="width: 100%;" type="text"/>	15E ▶ <input type="checkbox"/>
16A ▶ <input style="width: 100%;" type="text"/>	16B ▶ <input style="width: 100%;" type="text"/>	16C ▶ <input style="width: 100%;" type="text"/>	16D ▶ <input style="width: 100%;" type="text"/>	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
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Part V Employer Information

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

18 TIN ▶ <input style="width: 100%;" type="text"/>	19 RDO Code ▶ <input style="width: 100%;" type="text"/>
20 Employer's Name (For Non-Individuals) ▶ <input style="width: 100%;" type="text"/>	
21 Employer's Name (For-Individuals) (Last Name, First Name, Middle Name) ▶ <input style="width: 100%;" type="text"/>	
22 Registered Address ▶ <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; font-size: 0.8em;"> No. (Include Building Name) Street Subdivision Barangay </small> <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; font-size: 0.8em;"> District/Municipality City/Province Zip Code </small>	
23 Date of Certification (MM/DD/YYYY) ▶ <input style="width: 100%;" type="text"/>	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