

Section B Name of Qualified Dependent Other than Children

Last Name	First Name	Middle Name	Date of Birth (MM / DD / YYYY)	Mark if Mentally / Physically Incapacitated
25A	25B	25C	25D	25E
25F Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Qualified Senior Citizen				

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

26 Type of multiple employments

Successive employments (With previous employer(s) within the calendar year)

Concurrent employments (With two or more employers at the same time within the calendar year)

[If successive, enter previous employer(s); if concurrent, enter secondary employer(s)]

Previous and Concurrent Employments During the Calendar Year

TIN	Name of Employer/s

Declaration

I declare, under the penalties of perjury, that this form 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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT

(Signature over printed name)

Part V Employer Information

27 Type of Registered Office HEAD OFFICE BRANCH OFFICE

28 Taxpayer Identification Number _____ 29 RDO Code _____
(To be filled up by BIR)

30 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if non-Individuals)

31 Employer's Business Address _____

32 Zip Code _____ 33 Municipality Code _____
(To be filled up by the BIR)

35 Effectivity Date _____
(Date when Exemption Information is applied)

34 Telephone Number _____ 36 Date of Certification _____
(Date of certification of the accuracy of the exemption information)

37 Declaration

I declare, under the penalties of perjury, that this form 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.

EMPLOYER / AUTHORIZED AGENT Title / Position of Signatory

(Signature over printed Name)

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete?
(To be filled up by BIR)

Yes No

- ATTACHMENTS: (Photocopy only)**
- | | |
|--|--|
| <p>For Individuals Earning Purely Compensation Income</p> <ul style="list-style-type: none"> - Birth Certificate or any document showing name, address and birth date of the applicant employee; and - Valid Company ID or Certificate of Employment <p>For Non-Resident Citizen/Immigrant</p> <ul style="list-style-type: none"> - Passport with Visa of the applicant | <p>For OCWs/Seamen Earning Purely Foreign-sourced Income</p> <ul style="list-style-type: none"> - Birth Certificate or any document showing name, address and birthdate of the applicant ; or - Passport with Visa |
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POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.