



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	1	<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 (MM/DD/YYYY)	2	<input type="text"/>

Part I Taxpayer/Employee Information

3	Taxpayer Identification No.	3	<input type="text"/>	4	RDO Code	4	<input type="text"/>
5	Taxpayer's Name (Last Name, First Name, Middle Name)				5A	Date of Birth	
6	Registered Address				Zip Code		
6A	<input type="text"/>				6B	<input type="text"/>	
	Residence Address				Zip Code		
6C	<input type="text"/>				6D	<input type="text"/>	
7	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female						

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 Employer Information

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

9	Taxpayer Identification No.	9	<input type="text"/>	10	RDO Code	10	<input type="text"/>
11	Employer's Name (For Non-Individuals)						
11	<input type="text"/>						
12	Employer's Name (For-Individuals)						
12	<input type="text"/>						
	Last Name		First Name		Middle Name		
13	Registered Address						
13	<input type="text"/>						
	No. (Include Building Name)		Street	Subdivision		Barangay	
	District/Municipality		City/Province			Zip Code	

14	Date of Certification (MM/DD/YYYY)	14	<input type="text"/>
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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.

15 _____ 16 _____
Employer/Authorized Agent Signature Title/Position of Signatory

Stamp of Receiving Office
and Date of Receipt

