(To be filled up by BIR) DLN:_

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

BIR Form No. 2205

	Republic of the Philippines Department of Finance Bureau of Internal Revenue and of Employer and Employee's Information all applicable white spaces. Mark all appropriate boxes with an "X"													,	2305 April 2017 (ENCS)									
	oplicable w	/hite s	paces.	Mark	all app	ropriate	boxes																	
1 Type o	f Filer Employ Self-en			2 Pur	L	Ipdate Ipdate		emptio	_		Chan				tus		3	Date	of Fi	ling (M	IM/DD	/ YYY	7)]
4 Taxpay	er Identi	ficatio	on Nur	nber ((TIN)		1 ,		-	ı		-	ı		-	0,0	0_{1}	0,0	0 5	RDO	Code	;		
6 Taxpay	/er's Nam	пе	(L	ast Na	nme)												(F	irst Na	ame)					
					(Mia	ldle Nar	me)								<u> </u>	(Sut	ffix)	1	7 Da	te of E	Birth (MM/DE)/YYY	Y)
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11 Local I	Residenc			g No.										В	uildir	ng Nai	me							
L	ot/Block/P	hase/	House	No.											Stree	t Nam	ne							
		S	ubdivis	sion/Vii	llage/Z	 one										ĺ	E	Baran	gay					
		_		Distric							L						Mur	nicipal	litv/Cit	V			_	
								P	rovince	e			_				1						ZIF	Code
12 Foreig	n Addres	is .																						
Part II			1 1			1	Pers	sonal	Exem	otion	s/Spo	use	Infor	matio	n					1 1				
13 Civil S	Status _	Sin	gle		Marrie	d [dow/e		$\overline{}$	_egall					With	Qua	lified	Depe	endent		Yes		No
15 Emplo	yment S	tatus	of Spo Unem		ed	Em	nploye	d Loc	ally		Emp	loye	d Ab	road		E	ngag	ed in	Busi	iness/l	Practi	ce of	Prof	ession
16 Who (ĺ													
H	lusband o		s addi		exem		nd pre	mium	dedu													s/ practi		on rofession)
1 1	1 1 1	1	1 1	1	1 1	1 1	1 1	1					,	,		-	1		1	1 1	1	1 1		1 1
			(Midd	lle Nar	ne)	1 1					Suffix	()	1	8 Sp	ouse	e TIN								
19 Spous	L L L	ver's	 Name	Last	Name	First N	lame. N	/liddle	Name.	. If In	dividu	l ual) (F	Regist	tered	Name	e . If N	lon In	dividu	-		-	01	0,0	0 0 0
		<u>,</u> 	1 1			<u> </u>		1	<u> </u>		1			1			1	 		1 1	1	1 1	1	1 1
Part III		Ĺ		Ĺ			20		se Em							-			-		-			
21 Name	of Quali	fied F)epen	dent*	(I ast N	lame F	irst Nai										Effe	ctive	Taxal	ole Yea	r	Ι.		
21A														1		ī			l					
21B		i																						
21C																						1 1		1 1
21D															Щ									
	ate of Bir	th (MI	M/DD/Y	YYY)				R	elatior	nship)					Mar	k if P	WD**		PWD	Ident	ificatio	n Nu	mber
21A		+													Щ									
21B 21C		+													Щ		_							
21D		+					1 1				1													

Part IV Change of Civil Status (for Female Taxpayer only)											
22	From Single to		F	rom Married t	to Single						
22A Old Name/Maiden	Name (First Name, Middle	Name, Last Name)									
			1 1 1	1 1 1 1	1 1 1	1 1 1	1 1 1	1 1	1 1	i	
22B New Name/Marrie	d Name (First Name, Middle	e Name Tast Name)									
	z rranio (r not rranio, maan	o mamo, Laot mamo)									
									$\bot\bot$		
Part V	For Employee with T	wo or More Emplo	yers (Multi	ple Employn	nents) With	nin the Ca	lendar Ye	ar			
23 Type of Multiple Em	oloyment										
Success	sive employments (With p	previous employer/s w	vithin the cale	ndar year)							
Concurr	ent Employments (With t	wa ar mara amplayara	a at the same	time within the	o oolondar va	orl					
		, ,				ai)					
(If SUCC	essive, enter previous emp	ous and Concurrent E									
224 Name of Employe		das una concurrent L	inployment L	ding the oale	ilidai i cai						
23A Name of Employe						\perp					
		1 1 1 1 1	23B TIN (of Employer		1			1 1	1	
000 Name of Francisco											
23C Name of Employe						\perp		$\perp \perp \perp$			
		1 1 1 1 1	23D TIN (of Employer		1			1 1	1	
24 Declaration											
	the penalties of perjury that	this application, and	all its attachn	nents, have bee	en made in g	ood faith, ve	erified by m	e and to	the bes	t 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.										
	=	Taxpayer(Employee	2)/Authorize	d Renresents	ativo						
			e over Printed		alive						
Part VI				oyer Informa	ation						
25 Type of Registering	Office	26 TIN	inary Empi	oyer imornie	111011				_		
Head Office	Branch Office	26 1111	- 1	, [-] ,	-	1 1 1	27	RDO Cod	ie	1	
nead Office	Branch Onice										
28 Employer's Name (Last Name, First Name, Mi	ddle Name, If Individu	al) (Registere	ed Name, If No.	n Individual)						
			1 1 1		1 1 1	1 1 1	1 1 1	1 1	1 1	i	
				1 1 1							
	 		<u> </u>	<u> </u>		<u> </u>					
29 Employer's Address				D:	Ilalia a. Nlava a						
Unit/Room/Floor/	Building No.			Вин	Iding Name						
			1 1 1	<u> </u>							
Lot/Block/Phase	House No.			Sti	reet Name						
			1 1 1		1 1 1	1 1 1	1 1 1	1 1	1 1	1	
	Subdivision/Village/Zone					Barangay					
	District				1 1	unicipality/Ci	itra				
	District		7 F		IVIL	лпстранту/С	ıy				
				<u> </u>					$\perp \perp \perp$		
		Province						<u> </u>	ZIP C	ode	
			1 1 1		1 1 1	1 1 1	1 1 1		1 1	1	
30 Contact Details											
Landline Number		Fax Number			Mobile 1	Number					
Email Address (re	quired)										
			1 1 1	1 1 1 1	1 1 1	1 1 1	1 1 1	1 1	1 1		
31 Relationship Start Dat	e/Date Employee Was										
Employed (MM/DD/YY			1 1 1	32 Municip	ality Code	(To be filled-u	p by BIR)		1 1	1	
33 Declaration								BIR Recei		ice	
	penalties of perjury, that this ap						and	Date of Re	eceipt		
	true and correct, pursuant to to ed under authority thereof.	he provisions of the Natio	onal Internal Re	evenue Code of 1	1997, as amen	ded,					
	······································										
=145L 0\(\frac{1}{2}\)	-/					_					
_	R/AUTHORIZED REPRESI Signature over Printed Name)	ENTATIVE	111	le/Position of S	signatory						
*A dependent means a legitimate	,	foster child chiefly depend	lent upon and liv	ving with the taxna	ever if such den	endent is not i	more than two	enty-one (2	1) years	of age	
unmarried and not gainfully empl	oyed or if such dependent, regard	dless of age, is incapable	of self-support b	ecause of mental	or physical defe	ect or a **Pers	on With Disal	bilities (PWI	D) regard	dless of	
age, related to the benefactor wit	hin the fourth (4th) civil degree of	consanguinity or affinity, n	ot gainfully emp	loyed and is chiefl	ly dependent up	oon and living	with such ben	efactor for l	his/her sı	upport.	
CHECKLIST OF BOOMSENESS	OV DECUIPEMENTO										
CHECKLIST OF DOCUMENTAR	IT KEQUIKEMENTS:				DIA/D						
I. Change of Civil Status			_	ified Dependent I							
1. Marriage Contract	aration of nullity of arrays and		1.	Photocopy of PW	D ID Card issue	ed by the Perso	on's With Disa	ability Affair	s Office ((PDAO)	
∠ Court Order (for decl	aration of nullity of marriage)			or the City/Municip where the PWD re						piace	
II. Qualified Dependent Child			2.	Sworn Declaration	/Identification o	of Qualified PW	D-Dependen	t, Support a	and Relat	ionship	
1. Photocopy of Birth C	ertificate of Dependent Child/ren		3.	Birth Certificate of	the PWD		·			·	
2. Waiver of husband of	n his right to claim additional exe r (for declaration of nullity of mari	emption, it wife claims	4.	Medical Certificate Rules and Regulat	e attesting to dis	sability issued l	วy un accorda เส	ance with th	e implem	nenting	
Court Orde	tion acolaration of named of Man	nage <i>)</i>		Rules and Regular Barangay Certifica				e benefacto	or		