

Part II Personal Exemptions

24 ▶ Civil Status
 Single/Widow/Widower/Legally Separated (No dependents)
 Head of the Family
 Single with qualified dependent
 Widow/Widower with qualified dependent
 Married

25 ▶ Employment Status of Spouse:
 Unemployed
 Employed Locally
 Employed Abroad
 Engaged in Business/Practice of Profession

26 Claims for Additional Exemptions/ Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000.00 per annum.
 Husband claims additional exemption and any premium deductions
 Wife claims additional exemption and any premium deductions (Attach Waiver of the Husband)

27 Spouse Information

27A ▶ Spouse Taxpayer Identification Number:

27B ▶ Spouse Name:

27C ▶ Spouse Employer's Taxpayer Identification Number:

27D ▶ Last Name, First Name, Middle Name, Spouse Employer's Name:

Part III Additional Exemptions

Section A Number and Names of Qualified Dependent Children

28 Number of Qualified Dependent Children:

29 Names of Qualified Dependent Children

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
29A ▶ <input type="text"/>	29B ▶ <input type="text"/>	29C ▶ <input type="text"/>	29D ▶ <input type="text"/>	29E ▶ <input type="checkbox"/>
30A ▶ <input type="text"/>	30B ▶ <input type="text"/>	30C ▶ <input type="text"/>	30D ▶ <input type="text"/>	30E ▶ <input type="checkbox"/>
31A ▶ <input type="text"/>	31B ▶ <input type="text"/>	31C ▶ <input type="text"/>	31D ▶ <input type="text"/>	31E ▶ <input type="checkbox"/>
32A ▶ <input type="text"/>	32B ▶ <input type="text"/>	32C ▶ <input type="text"/>	32D ▶ <input type="text"/>	32E ▶ <input type="checkbox"/>

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
33A ▶ <input type="text"/>	33B ▶ <input type="text"/>	33C ▶ <input type="text"/>	33D ▶ <input type="text"/>	33E ▶ <input type="checkbox"/>

33F ▶ Relationship: Parent Brother Sister Qualified Senior Citizen

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

34 ▶ Type of multiple employments
 Successive employments (With previous employer(s) within the calendar year), for late registrants if applicable
 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)]

TIN	Name of Employer/s
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

35 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 / AUTHORIZED AGENT
 (Signature over printed name)

Part V Current Main Employer Information

36 Taxpayer Identification Number:

37 RDO Code (To be filled up by BIR):

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

39 Employer's Business Address:

40 Zip Code:

41 Municipality Code (To be filled up by the BIR):

42 Effectivity Date (Date when Exemption Information is applied):

43 Date of Certification (Date of certification of the accuracy of the exemption information):

44 Telephone Number:

45 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
 (Signature over printed Name)

 Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete? (To be filled up by BIR)
 Yes No

- ATTACHMENTS:** (Photocopy only)
- A. For Self-employed/ Professionals/ Mixed Income Individuals**
 - 1- Birth Certificate or any document showing name, address and birth date of the applicant
 - 2- Mayor's Permit - if applicable, to be submitted prior to the issuance of Certificate of Registration
 - 3- DTI Certificate of Registration of Business Name to be submitted prior to the issuance of Certificate of Registration
 - B. For Trust -Trust Agreement**
 - C. For Estate - Death Certificate of the deceased**

NOTE:

1. Update trade name upon receipt of DTI Certificate of Registration of Business Name.
2. Taxpayer should attend the required taxpayers briefing before the release of the BIR Certificate of Registration

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.