SWORN DECLARATION AND WAIVER OF RIGHT TO CLAIM EXEMPTIONS OF QUALIFIED DEPENDENT CHILDREN

Mr.						
	1. That m	y wife and I are bo	oth income earners;		, 1	•
2. That we file a joint income tax return on our taxable income;						
	3. That I am a (check pls): self employed: engaged in business; practice profession;					
	4. That this waiver will be effective for the taxable year and shall continue for the succeeding year					
		sooner revoked;				
				ditional exemption for	or all our qualified	dependent children in
		of my wife presentl		-		
Name of wife:						
Name of wife's employer						
Address of employer						
TIN of employer Fax No Fax No						
		Name of quali	ifie <mark>d dependent chi</mark> ld	(ren)	Date of Bi	rth (mm/dd/yyy)
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2		1/9	/ / /		V // A	
3	- 17	N///	77/2	100/5/2/	1)//	
4	// A	0// 17		4	1811	D> 1
		// \\	10	2		
of ri	ght is voluntanded.	arily <mark>and kno</mark> wing	y ma <mark>de in a</mark> ccordance	with the provisions		ct and that the waiver rnal Revenue Code, as
(Signature of husband over printed name) Republik TIN Date						
V		ACKN	NOWLEDGEMENT	196	CMPLOYER	
- 1						
Name of husband's employer						
	ress of emplo					// 11/
TIN	of employer		Tel No		Fax No	
(Signature over printed name of husband's employer/ Chief Accountant/Head, Personnel Office) Date (mm/dd/yyy)						
						_
This is to acknowledge receipt of the above waiver of right to claim additional exemptions of Mr. in favor of his wife Mrs/Ms. who shall be entitled to claim the additional exemptions for all						
their	r qualified de	pendent children e		DDIC	(taxable year)	
Nan	ne of wife's e	employer				
	ress of emplo					
	of employer		_ Tel No	Fax No		
	-1 cmplojel		22 2 101			
		orinted name of wint/Head, Personnel			Date (mm/d	d/yyy)
Note			siness, disregard the p			l's Employer.

Must be signed by both employers of husband and wife before effecting changes in respective employers.

Must be attached to BIR Form No. 2305 or BIR Form No. 1902.