



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

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

BIR Form No.

2305

July 2008 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 Type of Filer <input type="checkbox"/> Employee (for update of "Exemption" and other employer's and employee's information) <input checked="" type="checkbox"/> Self-employed (for update of "Exemption")	2 Effective Date <div style="text-align: right;"> MM DD YYYY </div>
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Part I	Taxpayer/Employee Information
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3	TIN ▶	<div style="border-bottom: 1px solid black; width: 80px;"></div>	4	RDO Code ▶	<div style="border-bottom: 1px solid black; width: 60px;"></div>	5	Sex ▶	<input type="checkbox"/> Male <input type="checkbox"/> Female
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6 Taxpayer's Name (Last Name, First Name, Middle Name) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	6A Date of Birth <div style="border: 1px solid black; display: inline-block; width: 100px; height: 30px; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">(MM/DD/YYYY)</div>
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7 Residence Address		7B Zip Code	
7A			

Business Address (for Self-Employed)		7D Zip Code
7C		

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	Personal Exemptions
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9 ▶ Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren		<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> without qualified dependent child/ren		10 ▶ Employment Status of Spouse: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession	
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11 ▶ 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 premium deductions ☐ Wife claims additional exemption and premium deductions
 (Attach Waiver of the Husband)

12A Spouse Taxpayer Identification Number 0000

12B		Spouse Name (if wife, indicate maiden name)									
▶											
12C		<table border="1"> <tr> <td colspan="2">Spouse Employer's Taxpayer Identification Number</td> <td colspan="2">Spouse Employer's Name</td> </tr> <tr> <td>▶</td> <td></td> <td>▶</td> <td></td> </tr> </table>		Spouse Employer's Taxpayer Identification Number		Spouse Employer's Name		▶		▶	
Spouse Employer's Taxpayer Identification Number		Spouse Employer's Name									
▶		▶									

Part III	Additional Exemptions
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13	Names of Qualified Dependent Child/ren	(refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer; not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).
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Last Name		First Name		Middle Name		Date of Birth (MM / DD / YYYY)		Mark if Mentally/ Physically Incapacitated	
13A ▶		13B ▶		13C ▶		13D ▶		13E ▶	
14A ▶		14B ▶		14C ▶		14D ▶		14E ▶	
15A ▶		15B ▶		15C ▶		15D ▶		15E ▶	
16A ▶		16B ▶		16C ▶		16D ▶		16E ▶	

Part IV	For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year
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17 ▶ Type of multiple employments

☐ Successive employments
☐ Concurrent employments

(If successive, enter previous employer(s); if concurrent, enter main employer)

Previous and Concurrent Employments During the Calendar Year									
TIN					Name of Employer/s				

Part V	Employer Information
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Employer Information
(If self-employed, please do not accomplish this part)

18	TIN	000.	101.	499.	000.	19	RDO Code	0 4 1
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20	Employer's Name (For Non-Individuals)	<div>▶</div> <div>FOCUS GLOBAL INC.</div>
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21 Employer's Name (For-Individuals) (Last Name, First Name, Middle Name)

22	Registered Address			
	<div>▶</div> <div>PIONEER COR. RELIANCE STS.,</div>			
	No. (Include Building Name)	Street	Subdivision	Barangay
	<div>MANDALUYONG</div> District/Municipality		<div>1550</div> City/Province	<div></div> Zip Code

23 Date of Certification (MM / DD / YYYY)		<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>										Stamp of Receiving Office and Date of Receipt

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.

24	MELCHOR R. MENDOZA	25	SR HR MANAGER
	Employer/Authorized Agent Signature		Title/Position of Signatory

Stamp of Receiving Office
and Date of Receipt