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To be filled-up by BIR DLN:



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 ☐ Employee (for update of "Exemption" and other employer's and employee's information) ☐ Self-employed (for update of "Exemption")
 2 Effective Date

Part I Taxpayer/Employee Information
 3 TIN 4 RDO Code 5 Sex ☐ Male ☐ Female
 6 Taxpayer's Name (Last Name, First Name, Middle Name) 6A Date of Birth
 7 Residence Address 7A 7B Zip Code
 Business Address (for Self-Employed) 7C 7D Zip Code

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
 9 Civil Status ☐ Single ☐ Legally separated ☐ with qualified dependent child/ren ☐ Widow/Widower ☐ Married ☐ without qualified dependent child/ren
 10 Employment Status of Spouse: ☐ Unemployed ☐ Employed Locally ☐ Employed Abroad ☐ Engaged in Business/Practice of Profession
 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's)
 12 Spouse Information
 12A Spouse Taxpayer Identification Number
 12B Spouse Name (if wife, indicate maiden name)
 12C Spouse Employer's Taxpayer Identification Number Spouse Employer's Name

Part III Additional Exemptions
 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).
 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
 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
 (If self-employed, please do not accomplish this part)
 18 TIN 19 RDO Code
 20 Employer's Name (For Non-Individuals)
 21 Employer's Name (For-Individuals) (Last Name, First Name, Middle Name)
 22 Registered Address
 No. (Include Building Name) Street Subdivision Barangay
 TAGUIG CITY
 District/Municipality City/Province Zip Code
 23 Date of Certification (MM / DD / YYYY)
 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 SREEJIT CHANDRAN ANKARATH Employer/Authorized Agent Signature 25 COUNTRY MANAGER Title/Position of Signatory

Stamp of Receiving Office
 and Date of Receipt