



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 checked="" type="checkbox"/> Employee (for update of "Exemption" and other employer's and employee's information) <input type="checkbox"/> Self-employed (for update of "Exemption")	2 Effective Date	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>(MM/ DD/ YYYY)</div>
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Part I Taxpayer/Employee Information

3 TIN	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>0000</div>	4 RDO Code	<div><div></div><div></div><div></div><div></div></div>	5 Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
6 Taxpayer's Name (Last Name, First Name, Middle Name)				6A Date of Birth	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>(MM/ DD/ YYYY)</div>	
7 Residence Address				7B Zip Code	
7A <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
Business Address (for Self-Employed)				7D Zip Code	
7C <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

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	<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
11 ▶ Claims for Additional Exemptions / Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000.00 per annum. <input type="checkbox"/> Husband claims additional exemption and premium deductions <input type="checkbox"/> Wife claims additional exemption and premium deductions (Attach Waiver of the Husband)				
12 Spouse Information				
Spouse Taxpayer Identification Number				
12A	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>0000</div>			
Spouse Name ( if wife, indicate maiden name)				
12B	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
Last Name First Name Middle Name				
Spouse Employer's Taxpayer Identification Number Spouse Employer's Name				
12C	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			

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 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	13B <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	13C <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	13D <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	13E <input type="checkbox"/>
14A <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	14B <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	14C <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	14D <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	14E <input type="checkbox"/>
15A <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	15B <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	15C <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	15D <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	15E <input type="checkbox"/>
16A <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	16B <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	16C <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	16D <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	16E <input type="checkbox"/>

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

17 ▶ Type of multiple employments	<input type="checkbox"/> Successive employments <input type="checkbox"/> 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
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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Part V Employer Information

18 TIN		19 RDO Code	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>006934034001</div>		<div><div></div><div></div><div></div><div></div></div> <div>044</div>	
20 Employer's Name ( For Non-Individuals)			
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>COGNIZANT TECHNOLOGY SOLUTIONS PHILIPPINES, INC.</div>			
21 Employer's Name (For-Individuals) (Last Name, First Name, Middle Name)			
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
22 Registered Address			
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>5TH &amp; 6TH FLOORS, 10 UPPER MCKINLEY BLDG., MCKINLEY HILL, FORT BONIFACIO</div>			
No. (Include Building Name)		Street	Subdivision
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
District/Municipality		City/Province	Zip Code
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>TAGUIG CITY</div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
23 Date of Certification ( MM / DD / YYYY )		Stamp of Receiving Office and Date of Receipt	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

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24 <b>SREEJIT CHANDRAN ANKARATH</b>	25 <b>COUNTRY MANAGER</b>
Employer/Authorized Agent Signature	Title/Position of Signatory