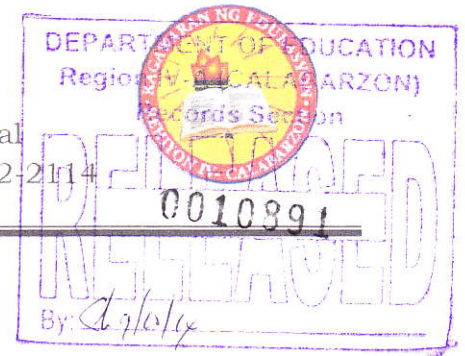




Republic of the Philippines
DEPARTMENT OF EDUCATION
REGION IV-A CALABARZON

Gate 2, Karangalan Village, Cainta Rizal
Email: deped_ro4a@yahoo.com Fax: (02)682-2114



MEMORANDUM

T O : ALL SCHOOLS DIVISION SUPERINTENDENTS

FROM : DIOSDADO M. SAN ANTONIO
Director IV

SUBJECT : SUBMISSION OF BIR FORM 2305

DATE : September 9, 2014

In order to update the employee profile in our payroll system, please advise all teaching and non-teaching personnel in your Division, particularly those receiving their salaries through the Regional Payroll Services Unit (RPSU), to submit to this Office the duly filled up BIR Form 2305 not later than September 30, 2014.

Attached is BIR Form 2305 for reproduction.

For strict compliance.

Received: Joseph
9/10/14
6038



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 type="checkbox"/> Self-employed (for update of "Exemption")	2 Effective Date _____ <small>(MM/ DD/ YYYY)</small>
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Part I Taxpayer/Employee Information

3 TIN _____	4 RDO Code _____	5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
6 Taxpayer's Name (Last Name, First Name, Middle Name) _____		6A Date of Birth _____ <small>(MM/ DD/ YYYY)</small>
7A Residence Address _____ 7C Business Address (for Self-Employed) _____		7B Zip Code _____ 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 <input type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> with qualified dependent child/ren <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 12A Spouse Taxpayer Identification Number _____ 12B Spouse Name (If wife, indicate maiden name) _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name Middle Name </small> 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 _____ <small style="display: flex; justify-content: space-between; width: 100%;"> No. (include Building Name) Street Subdivision Barangay </small> _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Distric/municipality City/Province Zip Code </small>	

23 Date of Certification (MM / DD / YYYY) _____	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 _____ Employer/Authorized Agent Signature	25 _____ Title/Position of Signatory