



**Part IV Change of Civil Status (for Female Taxpayer only)**

**22**  From Single to Married  From Married to Single

**22A** Old Name/Maiden Name (First Name, Middle Name, Last Name)

\_\_\_\_\_

**22B** New Name/Married Name (First Name, Middle Name, Last Name)

\_\_\_\_\_

**Part V For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year**

**23** Type of Multiple Employment

Successive employments (With previous employer/s within the calendar year)

Concurrent Employments (With two or more employers at the same time within the calendar year)

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

Previous and Concurrent Employment During the Calendar Year

**23A** Name of Employer \_\_\_\_\_

**23B** TIN of Employer \_\_\_\_\_

**23C** Name of Employer \_\_\_\_\_

**23D** TIN of Employer \_\_\_\_\_

**24** Declaration

I declare under the penalties of perjury that this application, and all its attachments, have 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 of 1997, as amended, and the regulations issued under authority thereof.

\_\_\_\_\_

Taxpayer(Employee)/Authorized Representative  
(Signature over Printed Name)

**Part VI Primary Employer Information**

**25** Type of Registering Office  Head Office  Branch Office

**26** TIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**27** RDO Code \_\_\_\_\_

**28** Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)

\_\_\_\_\_

**29** Employer's Address

Unit/Room/Floor/Building No. \_\_\_\_\_ Building Name \_\_\_\_\_

Lot/Block/Phase/House No. \_\_\_\_\_ Street Name \_\_\_\_\_

Subdivision/Village/Zone \_\_\_\_\_ Barangay \_\_\_\_\_

District \_\_\_\_\_ Municipality/City \_\_\_\_\_

Province \_\_\_\_\_ ZIP Code \_\_\_\_\_

**30** Contact Details

Landline Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address (required) \_\_\_\_\_

**31** Relationship Start Date/Date Employee Was Employed (MM/DD/YYYY) \_\_\_\_\_

**32** Municipality Code (To be filled-up by BIR) \_\_\_\_\_

**33** Declaration

I declare, under the penalties of perjury, that this application 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 of 1997, as amended, and the regulations issued under authority thereof.

\_\_\_\_\_ EMPLOYER/AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Title/Position of Signatory

(Signature over Printed Name)

Stamp of BIR Receiving Office and Date of Receipt

\*A dependent means a legitimate, illegitimate, legally adopted or foster child chiefly dependent upon and living with the taxpayer if such dependent is not more than twenty-one (21) years of age, unmarried and not gainfully employed or if such dependent, regardless of age, is incapable of self-support because of mental or physical defect or a \*\*Person With Disabilities (PWD) regardless of age, related to the benefactor within the fourth (4<sup>th</sup>) civil degree of consanguinity or affinity, not gainfully employed and is chiefly dependent upon and living with such benefactor for his/her support.

- CHECKLIST OF DOCUMENTARY REQUIREMENTS:**
- I. Change of Civil Status**
    - 1. Marriage Contract
    - 2. Court Order (for declaration of nullity of marriage)
  - II. Qualified Dependent Child/ren**
    - 1. Photocopy of Birth Certificate of Dependent Child/ren
    - 2. Waiver of husband on his right to claim additional exemption, if wife claims Court Order (for declaration of nullity of marriage)
  - III. Qualified Dependent PWD**
    - 1. Photocopy of PWD ID Card issued by the Person's With Disability Affairs Office (PDAO) or the City/Municipal Social Welfare and Development Office (C/MSWDO) of the place where the PWD resides or the National Council on Disability Affairs (NCDA)
    - 2. Sworn Declaration/Identification of Qualified PWD-Dependent, Support and Relationship
    - 3. Birth Certificate of the PWD
    - 4. Medical Certificate attesting to disability issued by an accordance with the implementing Rules and Regulations of Republic Act No. 10754
    - 5. Barangay Certification certifying that the PWD is living with the benefactor

**POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.**