**CERTIFICATE**

A NNEX "F"

This is to certify that the employees listed below are qualified for substituted filing of the Income Tax Return pursuant to the provisions of Section 2.83.4 of Revenue Regulations No.2-98, as amended.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF EMPLOYEE** | **T AXPAYER IDENT IFICAT ION NUMBER** | **AMOUNT OF COMPENSAT ION** | **T AX DUE WIT HHELD AND REMIT T ED** |
| EMPLOYEE 1 | 111-111-111 | 22,500.00 | 0.00 |
| EMPLOYEE 2 | 222-222-222 | 9,800.00 | 0.00 |
| EMPLOYEE 3 | 333-333-333 | 25,572.41 | 402.32 |
| EMPLOYEE 4 | 444-444-444 | 22,500.00 | 0.00 |

I declare under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief to be true and correct.

Signature over PRINTED Name of Individual Income

Payor/A uthorized Officer of Non-Individual Income Payor

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, A pplicant exhibited to me his/her

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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