**ANNEX “F”**

**CERTIFICATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee** | **Taxpayer Identification Number** | **Amount of Compensation** | **Tax Due Withheld and Remitted** |
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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.

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Signature over Printed Name of Individual Income Payor/

 Authorized Officer of Non-Individual Income Payor

**SUBSCRIBED AND SWORN** to before me this \_\_day of \_\_\_\_\_\_, 20\_\_in \_\_\_\_\_\_\_\_\_\_\_,Applicant exhibited to me his/her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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