

Date : 11/27/24

To : HR DEPARTMENT

## WAIVER

This is to certify that I, Mr./Ms. ORNDORF, JOHN PAUL, of legal age, with postal address at ALINO COMPOUND, CABANCALAN MANIAGE CITY and presently working with **IPLOY, OPC.** as CSA with valid **Taxpayer Identification Number (TIN)** 609-919-522-000, certify that I was not able to submit the required **Certificate of Income Tax on Compensation (BIR Form 2316)** from my previous employer for the taxable year 2024 due to the following reason(s);

Please check reason(s) provided.

No Previous Employer for 2024.

Certificate of Income tax on Compensation (BIR Form No. 2316) was not available from my previous employer.

I further certify that any taxes due from me as a result of my failure to submit the above minutes to **IPLOY, OPC** will be borne by me, and I will pay them directly to the Bureau of Internal Revenue (BIR) upon filing my **Income Tax Return (ITR)** for the year **2024**.

ORNDORF JOHN PAUL  
Employee Name & Signature

4971  
Employee ID Number