

Date : 11/27/2024
To : HR DEPARTMENT

WAIVER

This is to certify that I, Mr./Ms. DENISE FAITH A. SAROMINES, of legal age, with postal address at ALCANTARA ST. URGENO SAMBAGI, CEBU CITY and presently working with IPLOY, OPC, as CSR with valid 061-892-830-000 Taxpayer Identification Number (TIN) 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.

Employee Name & Signature
DENISE FAITH SAROMINES

Employee ID Number
5115