



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Application for Registration

BIR Form No.

# 1902

July 2008 (ENCS)

For Individuals Earning Purely Compensation Income,  
and Non-Resident Citizens/Resident Alien Employee

|     |     |     |      |
|-----|-----|-----|------|
| 349 | 524 | 171 | 0000 |
|-----|-----|-----|------|

New TIN to be issued, if applicable (To be filled up by BIR)

Fill in all applicable white spaces. Mark all appropriate boxes with an 'X'.

|   |                                      |                   |
|---|--------------------------------------|-------------------|
| 1 Taxpayer Type<br><input checked="" type="checkbox"/> Local Employee<br><input type="checkbox"/> Resident Alien Employee | 2 Date of Registration<br>08/28/2018 | 3 RDO Code<br>081 |
|---|--------------------------------------|-------------------|

### Part I Taxpayer / Employee Information

|   |  |                           |
|---|--|---------------------------|
| 4 TIN<br>(For Taxpayer w/ existing TIN)                             | Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female | 6 Citizenship<br>FILIPINO |
| 7 Taxpayer's Name<br>ROSARIO, ROEBIN LORENZO DELA PENA              | 8 Date of Birth<br>04/24/1996  |                           |
| 9 Local Residence Address<br>98Z CABANTAN ST LUZ<br>CEBU CITY, CEBU | 10 Telephone No.   | 11 Zip Code<br>6000       |
| 12 Municipality Code  | 13 Foreign Residence Address   |                           |

|                           |   |              |
|---------------------------|---|--------------|
| 14 Tax Type<br>Income Tax | Form Type<br><input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) | ATC<br>11011 |
|---------------------------|---|--------------|

### Part II Personal Exemptions

|   |   |  |
|---|---|--|
| 15 Civil Status<br><input checked="" type="checkbox"/> Single<br><input type="checkbox"/> Legally separated<br><input type="checkbox"/> with qualified dependent child/ren  | <input type="checkbox"/> Widow/Widower<br><input type="checkbox"/> Married<br><input checked="" type="checkbox"/> without qualified dependent child/ren | 16 Employment Status of Spouse:<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Employed Locally<br><input type="checkbox"/> Employed Abroad<br><input type="checkbox"/> Engaged in Business/Practice of Profession |
| 17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum<br><input type="checkbox"/> Husband claims additional exemption and any premium deduction<br><input type="checkbox"/> Wife claims additional exemption and any premium deduction |   |  |
| 18 Spouse Information<br>(Attach Waiver of Husband)   |   |  |
| 18A Spouse Taxpayer Identification Number   | 18B Spouse Name   |  |
| 18C Spouse Employer's Taxpayer Identification Number  | 18D Spouse Employer's Name  |  |

### Part III Additional Exemptions

19 Names of Qualified Dependent Child/ren (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer; not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).

| Last Name | First Name | Middle Name | Date of Birth<br>(MM / DD / YYYY) | Mark if Mental / Physically Incapacitated |
|-----------|------------|-------------|-----------------------------------|---|
| 19A       | 19B        | 19C         | 19D                               | 19E                                       |
| 20A       | 20B        | 20C         | 20D                               | 20E                                       |
| 21A       | 21B        | 21C         | 21D                               | 21E                                       |
| 22A       | 22B        | 22C         | 22D                               | 22E                                       |

### Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

23 Type of multiple employments  
 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 Employments During the Calendar Year

| TIN | Name of Employer/s |
|-----|--------------------|
|     |                    |
|     |                    |
|     |                    |