



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.
1904
January 2000 (ENCS)

For One-time Taxpayer and Person Registering under E.O. 98 (Securing a TIN to be able to transact with any government office)

276 108 090 000

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

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

1 Taxpayer Type <input type="checkbox"/> One-Time Taxpayer <input type="checkbox"/> E.O. 98	2 Classification <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual	3 Date of Registration (To be filled up by BIR)
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Part I Taxpayer Information

4 TIN (For Taxpayer w/ existing TIN)	5 RDO Code (To be filled up by BIR)	6 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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7 Taxpayer's Name (Last Name, First Name, Middle Name, if individual/Registered Name, if non-individual)

CLAR, JASPER CABAQUERD

8 Civil Status <input checked="" type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents) <input type="checkbox"/> Head of the Family <input type="checkbox"/> Single with qualified dependent <input type="checkbox"/> Widow/Widower with qualified dependent <input type="checkbox"/> Legally separated with qualified dependent <input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432) <input type="checkbox"/> Married	9 Spouse Information 9A Spouse Taxpayer Identification Number 9B Spouse Name Last Name First Name Middle Name
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10 Date of Birth / Date of Organization (MM / DD / YYYY)	11 Telephone Number	12 Municipality Code (To be filled up by BIR)
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13 Local Address (Please indicate complete address)	14 Zip Code
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15 Foreign Address (Please indicate complete address)	16 Zip Code
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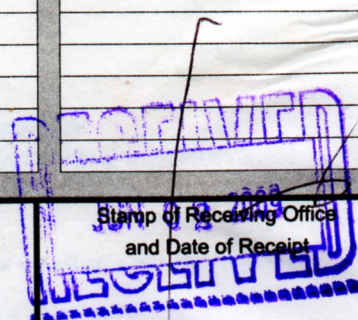
17 Contact Person/Accredited Tax Agent (if different from taxpayer)	18 Telephone Number
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19 One-Time Transactions (To be filled up by one-time taxpayer only)

<input type="checkbox"/> A Sale, Assignment and / or Disposal of Shares of Stocks	<input type="checkbox"/> B Sale, Assignment and / or Disposal of Real Property(ies) classified as Capital Asset	<input type="checkbox"/> C Sale, Assignment and / or Disposal of Real Property(ies) classified as Ordinary Asset
<input type="checkbox"/> D Donation of Properties	<input type="checkbox"/> E Transfer of Properties by Succession (Death)	<input type="checkbox"/> F Others (Specify)

20 Tax Types (Choose only the tax types that are applicable to you)	FORM TYPE (To be filled up by the BIR)	ATC (To be filled up by the BIR)
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21 Declaration
I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.



CLAR JASPER C.
TAXPAYER/AUTHORIZED AGENT
(Signature over printed name)

TITLE/POSITION OF SIGNATORY

Stamp of Receiving Office and Date of Receipt
Attachments complete?
(To be filled up by BIR)
 Yes No