



Republika ng Pilipinas  
Kasaysayan ng Pinatitirad  
Kasarinhaning Rentas Internas

# Application for Registration

BIR Form No.

# 1902

July 2008 (BIRCS)

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

513 833 554 0000  
New TIN to be issued: 1 800 800 1 800 800 1 800 800 1 800 800

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>01/17/2022 | 3 RDO Code<br>081 |
|---|--------------------------------------|-------------------|

### Part I Taxpayer / Employee Information

|  |  |                           |
|--|--|---------------------------|
| 4 TIN<br><br>  | 5 Sex<br><input type="checkbox"/> Male<br><input checked="" type="checkbox"/> Female | 6 Citizenship<br>FILIPINO |
| 7 Taxpayer's Name<br>MEGIO, NOELLICH VEEANNE CANTIGA                           | 8 Date of Birth<br>02/27/1999  |                           |
| 9 Local Residence Address<br>PHASE 1 VILLA FELISA TUNGKIL<br>MINGLANILLA, CEBU | 10 Telephone No.<br><br>   |                           |
| 11 Zip Code<br><br>  | 12 Municipality Code<br><br>   |                           |
| 13 Foreign Residence Address<br><br>   |  |                           |

|  |            |
|--|------------|
| 14 Tax Type<br>Income Tax <input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) | ATC<br>001 |
|--|------------|

### 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 children  | <input type="checkbox"/> Widow/Widower<br><input type="checkbox"/> Married<br><input checked="" type="checkbox"/> without qualified dependent children | 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 (Attach Waiver of Husband) |  |  |
| 18A Spouse Taxpayer Identification Number<br><br>  | 18B Spouse Name<br><br>  | 18C Spouse Employer's Taxpayer Identification Number<br><br>   |
|  | 18D Last Name<br>First Name<br>Middle Name<br>Spouse Employer's Name<br><br>   |  |

### Part III Additional Exemptions

18 Names of Qualified Dependent Children (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 (MM/DD/YYYY) | Married / Mentally Incapacitated |
|-----------|------------|-------------|----------------------------|----------------------------------|
| 18A       | 18B        | 18C         | 18D                        | 18E                              |
| 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 Employers |
|-----|-------------------|
|     |                   |
|     |                   |

34 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.

### TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT

(Signature over printed name)

### Part V Employer Information

|   |   |
|---|---|
| 25 Type of Registered Office<br><input checked="" type="checkbox"/> HEAD OFFICE<br><input type="checkbox"/> BRANCH OFFICE                                     | 27 RDO Code<br>081  |
| 26 Taxpayer Identification Number<br>000988522  |   |
| 28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual)<br>MATIAS H. AZNAR MEMORIAL COLLEGE OF MEDICINE INC |   |
| 29 Employer's Business Address<br>REDEMPTRIST PLAZA KAMPUTHAW CEBU CITY   |   |
| 30 Zip Code<br>6000   | 31 Municipality Code<br><br>  |
| 32 Telephone Number<br>4122475  | 33 Effectivity Date (Date when Exemption Information is applied)<br>01/17/2022                              |
|   | 34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information)<br>01/17/2022 |

|  |  |
|--|--|
| 35 Declaration<br>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. | Stamp of BIR Receiving Office and Date of Receipt<br><br>  |
| EMPLOYER / AUTHORIZED AGENT<br>(Signature over printed name)   | Attachments Complete?<br>(To be filed up by BIR)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### ATTACHMENTS: (Photocopy only)

- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PHIC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificates of dependents, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.