

(To be filled out by BIR) DLN: _____

BIR Form No.



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

1902

January 2018 (ENCS)

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

617 - 111 - 486 - 00000

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

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X"

Part I - Taxpayer/Employee Information

1 PhilSys Number (PSN)		2 Taxpayer Type <input type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien		3 BIR Registration Date <i>(To be filled out by BIR) (MM/DD/YYYY)</i>	
4 Taxpayer Identification Number (TIN) <i>(For Taxpayer with existing TIN)</i>				5 RDO Code <i>(To be filled out by BIR)</i>	
6 Taxpayer's Name Last Name: TUMULAK; Middle Name: BAAL; First Name: PRINCESS SHANE; Suffix:					
7 Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated					
9 Date of Birth (MM/DD/YYYY) 03/04/2003		10 Place of Birth VICENTE SOTTO MEMORIAL MEDICAL			
11 Mother's Maiden Name (First Name, Middle Name, Last Name) MELANIE GUEGUE BAAL					
12 Father's Name (First Name, Middle Name, Last Name) ERWIN ROMMEL IMBONG TUMULAK					
13 Citizenship FILIPINO			14 Other Citizenship		
15 Local Residence Address Unit/Room/Floor/Building No. _____ Building Name/Tower _____ Lot/Block/Phase/House No. _____ Street Name _____ Subdivision/Village/Zone: A TUMULAK ST. Barangay _____ Town/District _____ Municipality/City: GUNOB Province: LAPU-LAPU ZIP Code: 6015					
16 Foreign Address CEBU					
17 Municipality Code <i>(To be filled out by BIR)</i>		18 Tax Type INCOME TAX		19 Form Type BIR Form No. 1700	
20 ATC II 011		21 Identification Details (e.g. passport, government issued ID, company ID, etc.)			
Type POLICE		Number LLC6486580		Effective Date (MM/DD/YYYY) 03/23/2022	
Expiry Date (MM/DD/YYYY) 03/22/2023		Issuer LAPU-LAPU POLICE			
22 Preferred Contact Type <input checked="" type="checkbox"/> Landline No. _____ <input checked="" type="checkbox"/> Mobile Number 09954613114		23 Employment Status of Spouse <input checked="" type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession			
24 Spouse Name Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____					
25 Spouse TIN - - - 00000				26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)	
27 Spouse Employer's TIN - - -					

Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

28 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/or Concurrent Employments During the Calendar Year

29A Name of Employer	29B TIN of Employer
30A Name of Employer	30B TIN of Employer
31A Name of Employer	31B TIN of Employer

32 Declaration

I declare under the penalties of perjury that this application, and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

PRINCESS SHANE TUMULAK
 Taxpayer (Employee) / Authorized Representative
 (Signature over Printed Name)

Part IV - Primary/Current Employer Information

33 Type of Registering Office
 Head Office Branch Office
34 TIN 2 2 4 5 0 8 8 1 8 0 0 1
35 RDO Code 1 1 3

36 Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)

DYNATA PHILIPPINES INC.

37 Employer's Address

Unit/Room/Floor/Building No. 4TH & 5TH FLOOR	Building Name/Tower 4TH & 5TH FLR. C55 BLDG., REALTY CORP.
Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zone	Barangay
Town/District	Municipality/City MATINA APLAYA
Province	ZIP Code DAVAO CITY

38 Contact Details

Landline Number: 082 297 0330
 Fax Number: _____
 Mobile Number: +63 920 915 5796

39 Relationship Start Date/Date Employee was Hired (MM/DD/YYYY)

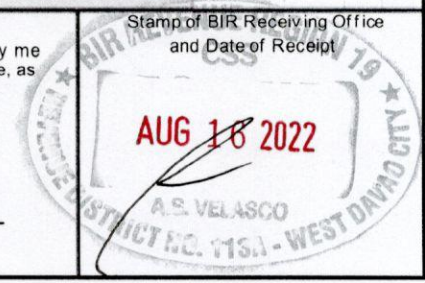
40 Municipality Code (To be filled out by BIR)

41 Declaration

I declare under the penalties of perjury that this application and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

FLOR VIMIN C. BILIRAN
 EMPLOYER/AUTHORIZED REPRESENTATIVE
 (Signature over Printed Name)

HR GENERALIST
 Title/Position of Signatory



*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:

For Local Employee:

- 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant.
- 2. Marriage Contract, if applicable.

For Alien Employee:

- 1. Passport
- 2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)

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.