

(To be filled out by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

January 2018 (ENCS)

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

620 664 027 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 checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien		3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY)	
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)				5 RDO Code (To be filled out by BIR)	
6 Taxpayer's Name					
Last Name F L O R E T A			First Name F R A N K A N T H O N Y		
Middle Name T A N A I D			Suffix	7 Gender <input checked="" type="checkbox"/> Male <input 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) 1 2 1 8 2 0 0 0			10 Place of Birth C E B U C I T Y		
11 Mother's Maiden Name (First Name, Middle Name, Last Name) A I D A C A I N T I C T A N A I D					
12 Father's Name (First Name, Middle Name, Last Name) R O N I E S I T O N A V A R R O F L O R E T A					
13 Citizenship F I L I P I N O			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		Barangay			
Town/District		Municipality/City			
Province		C E B U C I T Y		ZIP Code 6 0 0 0	
16 Foreign Address					
17 Municipality Code (To be filled out by BIR)		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 S S S		Number 3 5 - 0 5 5 3 5 5 6 - 9		Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
22 Preferred Contact Type			Landline No.		Mobile Number
Email Address (required) F A F L O R E T A @ G M A I L . C O M					
Part II - Spouse Information (If applicable)					
23 Employment Status of Spouse <input 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 0 0 0 0 0	
26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)					
27 Spouse Employer's TIN					

BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT OFFICE NO. 51 - PASAY CITY
CLIENT SUPPORT SECTION
RECEIVED
DATE _____
MARIA ANA C. LAURIO

JAN 27 2022