



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

152 902 114 890
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 Local Employee Resident Alien Employee

2 Date of Registration (To be filled up by BIR) SEP 23 2019 (MM/DD/YYYY)

3 RDO Code (To be filled up by BIR) 080

Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN) 0000

5 Sex Male Female

6 Citizenship _____

7 Taxpayer's Name
Last Name: BLANCO First Name: SANRYSS MARIEL Middle Name: VILLEGAS

8 Date of Birth 09 22 1991 (MM/DD/YYYY)

9 Local Residence Address
No. (Include Building Name): _____ Street: LINDOGON
Barangay/Subdivision: _____
District/Municipality: SIBONGA City/Province: CEBU

10 Telephone No. _____

11 Zip Code _____

12 Municipality Code _____

13 Foreign Residence Address _____

14 Tax Type Income Tax BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)

Form Type ATC II 011

Part II Personal Exemptions

15 Civil Status Single Legally separated with qualified dependent child/ren without qualified dependent child/ren

Widow/Widower Married

16 Employment Status of Spouse: Unemployed Employed Locally Employed Abroad 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
 Husband claims additional exemption and any premium deduction Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)

18 Spouse Information (Attach Waiver of Husband)

18A Spouse Taxpayer Identification Number 0000

18B Spouse Name
Last Name: _____ First Name: _____ Middle 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 (MM/DD/YYYY)	Mark if Mentally / 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))

TIN	Name of Employer/s

24 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.

SANRYSS MARIEL BLANCO
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V Employer Information

25 Type of Registered Office HEAD OFFICE BRANCH OFFICE

26 Taxpayer Identification Number 480 541 483 000

27 RDO Code (To be filled up by BIR) 080

28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual)
WSG PROPERTIES OF VISAYAS, INC.

29 Employer's Business Address SACRIS ROAD EXTENSION, TIPOLO, MANDAUE CITY

30 Zip Code 6014

31 Municipality Code (To be filled up by BIR) _____

32 Telephone Number _____

33 Effectivity Date (Date when Exemption Information is applied) _____ (MM/DD/YYYY)

34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) _____ (MM/DD/YYYY)

35 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.

MERAVEN SUBARACION
EMPLOYER / AUTHORIZED AGENT
(Signature over printed Name)

Tax Accountant
Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt
SEP 23 2019

Attachments Complete? (To be filled up by BIR)
 Yes No

ATTACHMENTS: (Photocopy only)
For Individuals Earning Purely Compensation Income
- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable