



Republic of the Philippines
Kagangalanan ng mga
Kasangkapan ng Bayan Internasyonal

Application for Registration

BIR Form No.

1902

July 2008 Edition

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

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

1 Taxpayer Type <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration 06/16/2021	3 RDO Code 047
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Part I Taxpayer / Employee Information

4 TIN	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name PACULA, BENSON BORJA		8 Date of Birth 04/18/1997
9 Local Residence Address NA NA TISA CEBU CITY, CEBU		10 Telephone No.
11 Zip Code 6000		12 Municipality Code
13 Foreign Residence Address		

14 Tax Type Income Tax	Form Type <input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	ATC 1.011
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Part II Personal Exemptions

15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent children	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent children	16 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
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)		
18 Spouse Information		
18A Spouse Taxpayer Identification Number	18B Spouse Name	
18C Spouse Employer's Taxpayer Identification Number	18D Spouse Employer's Name	

Part III Additional Exemptions

19 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)	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 Employees 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 Employers

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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27 RDO Code 126
26 Taxpayer Identification Number 205394448	(To be filed up by BIR)
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual) TPPH-FHCS, INC.	
29 Employer's Business Address PEOPLESUPPORT CTR AYALA AVE CO SAN LORENZO NCR, FOURTH DISTRICT CITY OF MAKATI	
30 Zip Code 1223	31 Municipality Code
32 Telephone Number 8858000	33 Effectivity Date (Date when Exemption Information is applied) 06/16/2021
34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 06/16/2021	

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.

EMPLOYER / AUTHORIZED AGENT
(Signature over printed Name)

Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete? (To be filed 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
- 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.