

1 Taxpayer Type Local Employee Resident Alien Employee
 2 Date of Registration (To be filled up by BIR) **MAY 02 2018** 3 BIR Code (To be filled up by BIR) **080**

Part I Taxpayer / Employee Information

4 TIN (For Taxpayer existing TIN) **0000** 5 Sex Male Female
 6 Citizenship **FILIPINO**
 7 Taxpayer's Name: Last Name **ENRIQUEZ**, First Name **EDRIANE JOSIAH**, Middle Name **MANIT**
 8 Date of Birth **10 26 1999**
 9 Local Residence Address: Street **TABOC CANGIBATO**
 10 Telephone No. _____
 11 Zip Code **6004**
 12 Municipality Code _____
 13 Foreign Residence Address _____
 14 Tax Type Income Tax Form Type BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) **ATC II 011**

Part II Personal Exemptions

15 • Civil Status: Single Legally separated with qualified dependent children without qualified dependent children
 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:
 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 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 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 Employers

24 Declaration: I declare, under the penalties of perjury, that this form has been filled 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 and the regulations issued under authority thereof.
EDRIANE JOSIAH M. ENRIQUEZ
 (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 **217 666 705 000** 27 BIR 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) **CEBU KNOTSBERRY FOODS, CORP.**
 29 Employer's Business Address **F. RAJOTA ST. D.C.**
 30 Zip Code **6004** 31 Municipality Code (To be filled up by BIR) **6004** 32 Telephone Number **260-5032**
 33 Effectivity Date (Date when Exemption Information is applied) _____
 34 Date of Certification (Date of Certification of the Agency if the Exemption Information is applied) _____

35 Declaration: I declare, under the penalties of perjury, that this form has been filled 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 and the regulations issued under authority thereof.
for MARICEL LAPUT **BDRKEEPER**
 EMPLOYER AUTHORIZED AGENT (Signature over printed name) (Print Position or Title)

