



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

BIR Form No.

# 1904

July 2021 (ENCS)

633 - 163 - 361 - 00000  
TIN to be issued (To be filled out by BIR)

Taxpayer and Person Registering under E.O. 98  
(Securing a TIN to be able to transact with any government office) and Others

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

1 Date of Registration (MM/DD/YYYY) SEP 05 2023      2 PhilSys Card Number (PCN) (if Applicable) \_\_\_\_\_      3 RDO Code (To be filled out by BIR) 080

### Part I - Taxpayer Information

4 Taxpayer Type

E.O. 98 (Filipino Citizen)       One-Time Transaction - Foreign National

E.O. 98 (Foreign National)       Passive Income Earner Only

One-Time Transaction - Filipino Citizen       Estate (Non-Business)

5 Foreign TIN (if any) \_\_\_\_\_      6 Country of Residence, if applicable \_\_\_\_\_

7 Taxpayer's Name

7A (if Individual) (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)

NAPONE      SHAIRA MARIE      DELAPINA      \_\_\_\_\_      \_\_\_\_\_

7B (if Non-Individual) (Registered Name) \_\_\_\_\_

7C (if ESTATE, ESTATE of (First Name, Middle Name, Last Name, Suffix) (if TRUST, FIDUCIARY (First Name, Middle Name, Last Name, Suffix)) \_\_\_\_\_

Date of Birth/Organization (MM/DD/YYYY) 07 19 2000      9 Place of Birth \_\_\_\_\_

8 Local Residence Address

Unit/Floor/Room/Building No. UNIT 6P      Building Name/Tower EAST TOWER B      Lot/Block/Phase/House No. \_\_\_\_\_      Street Name 288 PRES. ROXAS ST

Subdivisor/Village/Zone GRAND RESIDENCES CONDOMINIUM      Barangay KASAMBAGAN      Town/District \_\_\_\_\_

Municipality/City CEBU CITY      Province CEBU      ZIP Code \_\_\_\_\_

11 Principal Foreign Address, if applicable (indicate complete foreign address) \_\_\_\_\_      12 Municipality Code (To be filled out by BIR) \_\_\_\_\_

13 Date of Arrival in the Philippines (MM/DD/YYYY) \_\_\_\_\_      14 Gender  Male  Female      16 Civil Status  Single  Married  Widower  Legally Separated

16 Spouse TIN \_\_\_\_\_      17 Spouse Name (Last Name, First Name, Middle Name, Suffix) \_\_\_\_\_

18 Contact Number (Landline/Mobile No.) 09611936403      19 Official Email Address napone.shairamarie19@gmail.com

20 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) STELLA GOCOTANO DELAPINA      21 Father's Name (First Name, Middle Name, Last Name, Suffix) OLIVER TILIO NAPONE

22 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)

Type	Number	Effectivity Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)

### Part II - Transaction Details

23 Purpose of TIN Application

<input type="checkbox"/> A Dealings with Banks	<input checked="" type="checkbox"/> B Dealings with Government Agencies	<input type="checkbox"/> C Tax Treaty Relief	<input type="checkbox"/> D Sale, Assignment and/or Disposal of Shares of Stock
<input type="checkbox"/> E Sale, Assignment and/or Disposal of Real Properties classified as Capital Asset	<input type="checkbox"/> F Sale, Assignment and/or Disposal of Real Properties classified as Ordinary Asset	<input type="checkbox"/> G Donation of Properties	<input type="checkbox"/> H Transfer of Properties by Succession (Death)
<input type="checkbox"/> I First Time Job Seeker	<input type="checkbox"/> J Others (specify) _____		

### Part III - Withholding Agent/Accredited Tax Agent Information

24 Taxpayer Identification Number (TIN) \_\_\_\_\_      25 RDO Code \_\_\_\_\_

26 Withholding Agent/Accredited Tax Agent's Name (if Individual, Last Name, First Name, Middle Name, Suffix) (if Non-Individual, Registered Name) (if different from taxpayer) \_\_\_\_\_

27 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province) \_\_\_\_\_

28 Contact Number (Landline/Mobile No.) \_\_\_\_\_      29 Official Email Address \_\_\_\_\_      27A ZIP Code \_\_\_\_\_

0 Declaration

I declare, under the penalties of perjury, that this application 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. 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.

TAXPAYER/AUTHORIZED REPRESENTATIVE  
(Signature over Printed Name)

Title/Position of Signatory

