



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

# 1904

January 2024 (ENC5) P1

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

769 797 980 00000  
TIN to be issued (To be filled out by BIR)

1 Date of Registration (MMDDYYYY) 09 09 20 20	2 PhilSys Card Number (PCN) (if Applicable)	3 RDO Code (To be filled out by BIR) 092
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### Part I - Taxpayer Information

4 Taxpayer Type

<input type="checkbox"/> E.O. 98 (Filipino Citizen)	<input type="checkbox"/> One-Time Transaction - Foreign National
<input type="checkbox"/> E.O. 98 (Foreign National)	<input type="checkbox"/> Passive Income Earner Only
<input type="checkbox"/> One-Time Transaction - Filipino Citizen	<input type="checkbox"/> 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)  
 CABELLO JOAN PACLINAWAN

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

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

8 Date of Birth/Organization (MMDDYYYY) 11 05 19 98 9 Place of Birth BOBONGAN, RAMON MAGSAYSAY, 4DS

10 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	BOBONGAN	Province	ZAMBANGA DEL SUR
		ZIP Code	7024

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 (MMDDYYYY) \_\_\_\_\_ 14 Gender  Male  Female 15 Civil Status  Single  Married  Widower  Legally Separated

16 Contact Number (Landline/Mobile No.) +63 916 295 2689 17 Official Email Address padinawanj21@gmail.com

18 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) HELEN AUSTRIA VLOS 19 Father's Name (First Name, Middle Name, Last Name, Suffix) JOEL BATO PACLINAWAN

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

Type	Number	Effectivity Date (MMDDYYYY)	Expiry Date (MMDDYYYY)

### Part II - Spouse Information

21 Employment Status of Spouse  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession

22 Spouse Name (Last Name, First Name, Middle Name, Suffix) \_\_\_\_\_ 23 Spouse TIN \_\_\_\_\_

24 Spouse Employer's Name (if Individual, Last Name, First Name, Middle Name, Suffix) (if Non-Individual Registered Name) (Attach additional sheet/s, if necessary) \_\_\_\_\_ 25 Spouse Employer's TIN \_\_\_\_\_

### Part III - Transaction Details

26 Purpose of TIN Application

<input type="checkbox"/> A Dealings with Banks	<input 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 Property/ies classified as Capital Asset	<input type="checkbox"/> F Sale, Assignment and/or Disposal of Real Property/ies classified as Ordinary Asset	<input type="checkbox"/> G Donation of Property/ies	<input type="checkbox"/> H Transfer of Property/ies by Succession (Death)
<input checked="" type="checkbox"/> I First Time Job Seeker	<input type="checkbox"/> J Others (specify) _____		

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

27 Taxpayer Identification Number (TIN) \_\_\_\_\_ 28 RDO Code \_\_\_\_\_

29 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) \_\_\_\_\_