

# Application for Registration

UPR 2104000067

175-0  
1902

January 2018 (ENC-5)

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For Individuals Earning Purely Compensation Income  
(Local and Alien Employee)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X".  
New TIN to be issued, if applicable (To be filled out by BIR)

## Part I - Taxpayer/Employee Information

1 PhilSys Number (PSN)	2 Taxpayer Type <input type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien	3 BIR Registration Date (To be filled out by BIR)
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)	5 RDO Code (To be filled out by BIR)	
6 Taxpayer's Name Last Name: <u>ROBINSON</u> Middle Name: _____ First Name: <u>JASON JEROME</u> Suffix: _____ Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated		
9 Date of Birth (mm/dd/yyyy) <u>05/16/1998</u>	10 Place of Birth <u>ORLANDO FLORIDA USA</u>	
11 Mother's Maiden Name (First Name, Middle Name, Last Name) <u>MARIA LYDIA MANTONIS ARIENKALIS</u>		
12 Father's Name (First Name, Middle Name, Last Name) <u>LOUIS JEFFERY ROBINSON</u>		
13 Citizenship <u>FILIPINO</u>	14 Other Citizenship <u>AMERICAN</u>	
15 Local Residence Address Unit/Room/Floor/Building No. _____ Building Name/Tower _____ Lot/Block/Phase/House No. _____ Street Name _____ Subdivision/Village/Zone _____ Barangay _____ <u>PURK MATINAGIDA WON</u> <u>CANTILLI-E</u> <u>DN MAGUITIE</u> Province _____ City _____ <u>NEAR D'S ORIENTAL</u> <u>6200</u>		
17 Municipality Code (To be filled out by BIR)	18 Tax Type <u>INCOME TAX</u>	19 Form Type <u>BIR Form No. 1700</u>
20 ATC # 011		
21 Identification Details (e.g. passport, government issued ID, company ID, etc.) Type _____ Number _____ Effective Date (mm/dd/yyyy) _____ Expiry Date (mm/dd/yyyy) _____ Issuer _____ Place/Country of Issue _____		
22 Preferred Contact Type Landline No. _____ Mobile Number _____ Email Address (required) _____		

## Part II - Spouse Information (if applicable)

23 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		
24 Spouse Name Last Name _____ Middle Name _____ First Name _____ Suffix _____	25 Spouse TIN <u>000000</u>	
26 Spouse Employer's Name (Last Name, First Name, Middle Name, if individual) (Registered Name, if Non-Individual)		
27 Spouse Employer's TIN		