



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration Information Update/Correction/Cancellation

BIR Form No.

1905

July 2021 (ENCS) P1

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

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN) 494 396 763 00000 2 RDO Code 081 3 Contact Number (Landline/Mobile No.)

4 Registered Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)
Conencia, Ghny Mae Unabia

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Replacement/Cancellation of FORMS	REASON/DETAILS	6 Other Updates
<input type="checkbox"/> A. Certificate of Registration (COR) <input type="checkbox"/> B. Authority to Print (ATP) Receipts/Invoices <input type="checkbox"/> C. Tax Clearance Certificate of Liabilities (TCL1) <input type="checkbox"/> D. Taxpayer Identification Number (TIN) Card <input type="checkbox"/> E. Others (specify) _____	<input type="checkbox"/> Lost/Damaged <input type="checkbox"/> Change of Accredited Printer as Requested by the taxpayer <input type="checkbox"/> Correction/Change/Update of Registration Information <input type="checkbox"/> Others (specify) <u>Update TIN</u>	<input type="checkbox"/> Closure of Business (proceed to Number 9) <input type="checkbox"/> Change of Civil Status (proceed to Number 9) <input type="checkbox"/> Register/Update of Books of Accounts (proceed to Number 10) <input type="checkbox"/> Avail of 8% Income Tax Rate Option <input type="checkbox"/> Others (specify) _____

7 Correction/Change/Update of Registration Information

A. UPDATE REGISTERED NAME/TRADE NAME

Change in Registered Name Change in Trade Name Additional Trade Name

Old _____

New _____

B. CHANGE IN REGISTERED ADDRESS

Transfer within same RDO Transfer to another RDO From (Old RDO) _____ To (New RDO) _____

New Address

Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.
_____	_____	_____
Street Name	Subdivision/Village/Zone	
_____	_____	
Barangay	Town/District	
_____	_____	
Municipality/City	Province	ZIP Code
_____	_____	_____

C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)

From Calendar to Fiscal Period

From One Fiscal Period to Another Fiscal Period

From Fiscal to Calendar Period

Accounting Start Month	Effectivity Date (MMDD/YYYY)
_____	_____
_____	_____
_____	_____

D. CHANGE/ADD REGISTERED ACTIVITY/LINE OF BUSINESS

New Registered Activity/Line of Business	Effectivity Date of Change (MMDD/YYYY)
_____	_____
_____	_____

E. CHANGE FACILITY TYPE/DETAILS (attach additional sheets, if necessary)

Facility Code	Facility Type (check applicable facility type)							Others (specify)
	PP	SP	WH	SR	GG	BT	RP	
F								
F								

Facility Type*

PP - Place of Production/Plant GG - Garage

SP - Storage Place BT - Bus Terminal

WH - Warehouse RP - Real Property for Lease with No Sales Activity

SR - Showroom