



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No. **1902**

January 2000 (ENCS)

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens/OCWs/Seamen Earning Purely Foreign-Sourced Income

274 692 556 000

New TIN to be issued, if applicable
(To be filled up by BIR)

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

1 Taxpayer Type <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Non-Resident Citizen/OCWs/Seamen	2 Date of Registration (To be filled up by BIR)
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Part I Taxpayer / Employee Information

3 TIN (For Taxpayer w/ existing TIN)	4 RDO Code (To be filled up by BIR)	5 Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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6 Taxpayer's Name Last Name: ARINGO First Name: ELENIE Middle Name: FLOREK
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7 Citizenship FILIPINO	8 Date of Birth 01 JANUARY 30 1988 (MM / DD / YYYY)
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9 Local Residence Address No. (Include Building Name): Street: SPRING VILLAGE Barangay/Subdivision: PAKIGNE District Municipality: MINGLANILLA City/Province: CEBU

10 Zip Code 6046	11 Municipality Code (To be filled up by BIR)	12 Telephone Number
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13 Registered Address (choose one) Residence Employer's Business Address (see field 9 & 30)

14 Foreign Residence Address

15 Tax Type Income Tax <input type="checkbox"/> BIR Form 1700 (For Individual Earning Compensation Income) <input type="checkbox"/> BIR Form 1703 (For Non-Resident Citizens/OCWs and Seamen - For Foreign Sourced Income)	Form Type	ATC 11011
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Part II Personal Exemptions

16 Civil Status <input checked="" type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents) <input type="checkbox"/> Head of the Family <input type="checkbox"/> Single with qualified dependent <input type="checkbox"/> Legally separated with qualified dependent <input type="checkbox"/> Widow/Widower with qualified dependent <input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432) <input type="checkbox"/> Married	17 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
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18 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

19 Spouse Information (Attach Waiver of Husband)

19A Spouse Taxpayer Identification Number	19B Spouse Name Last Name: _____ First Name: _____ Middle Name: _____
19C Spouse Employer's Taxpayer Identification Number	19D Spouse Employer's Name

Part III Additional Exemptions

Section A Number and Names of Qualified Dependent Children

20 Number of Qualified Dependent Children

21 Names of Qualified Dependent Children

Last Name	First Name	Middle Name	Date of Birth (MM / DD / YYYY)	Mark if Mentally / Physically Incapacitated
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E
23A	23B	23C	23D	23E
24A	24B	24C	24D	24E