

(To be filed out by BIR) DLN:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

July 2021 (ENCS) P1

1045 - 205 - 107 - 00000

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

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

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

1 BIR Registration Date (To be filled out by BIR) (MMDDYYYY)		2 PhilSys Card Number (PCN)	
Part I - Taxpayer/Employee Information			
3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)		4 RDO Code (To be filled out by BIR)	5 Taxpayer Type
000000			<input checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien
6 Taxpayer's Name			
(Last Name) GELBERO		(First Name) JESSEL	
(Middle Name) ALBARANDO		(Suffix)	7 Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated			
9 Date of Birth (MMDD/YYYY) 01/01/2005		10 Place of Birth ARGAO, CEBU	
11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) ANNA LISA (ALBA) GECAL ALBARANDO			
12 Father's Name (First Name, Middle Name, Last Name, Suffix) JOSEAL BEMANDO GELBERO			
13 Citizenship FILIPINO		14 Other Citizenship, if applicable	
15 Local Residence Address			
Unit/Room/Floor/Building No.		Building Name/Tower	
Lot/Block/Phase/House No.		Street Name	
Subdivision/Village/Zone		Barangay	
Town/District ARGAO		Municipality/City LENGIGON (CEBU) ARGAO	
Province CEBU		ZIP Code 6021	
16 Foreign Address			
17 Municipality Code (To be filled out by BIR)		18 Tax Type INCOME TAX	19 Form Type BIR Form No. 1700
			20 ATC II 011
21 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)			
Type PHILHEALTH	Number 12-0269242-B	Effectivity Date (MMDD/YYYY)	Expiry Date (MMDD/YYYY)
Issuer	Place/Country of Issue		
22 Preferred Contact Type			
<input type="checkbox"/> Landline Number		<input type="checkbox"/> Fax Number	
		<input checked="" type="checkbox"/> Mobile Number 09815027841	
<input type="checkbox"/> Email Address (required) jesselgelberolse@gmail.com			
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)		(First Name)	
(Middle Name)		(Suffix)	
		25 Spouse TIN 00000	
26 Spouse Employer's Name (if individual, Last Name, First Name, Middle Name, Suffix) (if Non-Individual, Registered Name) (Attach additional sheet's, if necessary)			
		27 Spouse Employer's TIN	

