



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

BIR Form No.

# 1904

July 2021 (ENCS)

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

677 - 714 - 644 - 00000  
TIN to be issued (To be filled out by BIR)

1 Date of Registration (MMDDYYYY) 08152023	2 PhilSys Card Number (PCN) (If Applicable) 3526-4901-4067-1651	3 RDO Code (If to be filled out by BIR) 081
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### Part I - Taxpayer Information

4 Taxpayer Type

<input checked="" 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) (Nicknames)  
Gallez Loelyn Abencja

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

7C (ESTATE, TRUST, FIDUCIARY) (First Name, Middle Name, Last Name, Suffix) \_\_\_\_\_

8 Date of Birth/Organization (MMDDYYYY) 11272001 9 Place of Birth Matoplag Leyte

10 Local Residence Address

Street Name: P. del Rosario Street  
 Building Name/Type: \_\_\_\_\_  
 Lot/Block/Phase/House No: 157  
 Subdiv/Reserve/Zone: \_\_\_\_\_  
 Municipality/City: Cebu Barangay: San Antonio Province: Cebu  
 Colon: Cebu City ZIP Code: 6000

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 Spouse TIN \_\_\_\_\_ 17 Spouse Name (Last Name, First Name, Middle Name, Suffix) \_\_\_\_\_

18 Contact Number (Landline/Mobile No.) 09811449705 19 Official Email Address gallezloelyn04@gmail.com

20 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Merilyn Butana Abencja 21 Father's Name (First Name, Middle Name, Last Name, Suffix) Senillon Tumallas Gallez Jr.

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

Type	Number	Effectivity Date (MMDDYYYY)	Expiry Date (MMDDYYYY)
National ID	3526-4901-4067-1651	08272022	

### Part II - Transaction Details

23 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 Deposit of Shares of Stock
<input type="checkbox"/> E Sale, Assignment and/or Deposit of Real Properties classified as Capital Asset	<input type="checkbox"/> F Sale, Assignment and/or Deposit of Real Properties classified as Ordinary Asset	<input type="checkbox"/> G Division of Properties	<input type="checkbox"/> H Transfer of Properties by Succession (Death)
<input checked="" type="checkbox"/> I First Time Job Seeker	<input type="checkbox"/> J Others (specify) _____		

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

24 Taxpayer Identification Number (TIN) \_\_\_\_\_ 25 RDO Code \_\_\_\_\_

26 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) \_\_\_\_\_

27 Registered Address (sub-street, Building/Street, Barangay, City/Municipality, Province) \_\_\_\_\_ 27A ZIP Code \_\_\_\_\_

28 Contact Number (Landline/Mobile No.) \_\_\_\_\_ 29 Official Email Address \_\_\_\_\_

30 Declaration

I declare, under the penalties of perjury, that the application has been made in good faith, verified by me and to the best of my knowledge and belief is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for its just and lawful purposes.

Loelyn A. Gallez  
TAXPAYER'S AUTHORIZED REPRESENTATIVE  
Signature over Printed Name

\_\_\_\_\_  
Taxification of Signature

Stamp of BIR Receiving Office and Date of Receipt  
JUZEL D. [Signature]  
DATE: \_\_\_\_\_

\*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)