



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

232 065 810  
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  Local Employee  Non-Resident Citizen/OCWs/Seamen  
2 Date of Registration (To be filled up by BIR)  /  /

**Part I Taxpayer / Employee Information**

3 TIN (For Taxpayer w/ existing TIN)  000  
4 RDO Code (To be filled up by BIR)  5 Sex  Male  Female

6 Taxpayer's Name  
Last Name: LUSCON First Name: JEMANNA Middle Name: CANETE

7 Citizenship Filipino 8 Date of Birth 08 02 1983  
(MM / DD / YYYY)

9 Local Residence Address  
No. (Include Building Name): Dove Street Street: De Paul Real Homes Subjct Cambichon Consolacion Barangay/Subdivision  
District Municipality: Consolacion City/Province: Cebu

10 Zip Code 6001 11 Municipality Code (To be filled up by BIR)  12 Telephone Number

13 Registered Address (choose one)  Residence  Employer's Business Address (see field 9 & 30)

14 Foreign Residence Address

15 Tax Type Income Tax  BIR Form 1700 - (For Individual Earning Compensation Income)  BIR Form 1703 - (For Non-Resident Citizens/OCWs and Seamen -For Foreign Sourced Income)  
Form Type ATC II 011

**Part II Personal Exemptions**

16 Civil Status  Single/Widow/Widower/Legally Separated (No dependents)  Head of the Family  Single with qualified dependent  Legally separated with qualified dependent  Widow/Widower with qualified dependent  Benefactor of a qualified senior citizen (RA No. 7432)  Married  
17 Employment Status of Spouse:  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession

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