

(To be filled 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

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

690 020 796 00000
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) (MM/DD/YYYY) 21 NOV 2023 2 PhilSys Card Number (PCN) 4346 - 2A37 - 6024 - 8206

Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 000000 4 RDO Code (To be filled out by BIR) 081 5 Taxpayer Type Local Resident Alien Special Non-Resident Alien

6 Taxpayer's Name (Last Name) MALLORCA (First Name) MARIA PAULA (Middle Name) SOCO (Suffix) 7 Gender Male Female

8 Civil Status Single Married Widower Legally Separated

9 Date of Birth (MM/DD/YYYY) 08 17 1998 10 Place of Birth CEBU CITY

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) JOANNA MEGALLOS SOCO

12 Father's Name (First Name, Middle Name, Last Name, Suffix) SOCRATES MAINIT MALLORCA

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 Municipality/City
Province CEBU ZIP Code

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 11 011

21 Identification Details (Government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)
Type Number Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)
Issuer Place/Country of Issue

22 Preferred Contact Type Landline Number Fax Number Mobile Number 09070658178
 Email Address (required) mpsmallorca1998@gmail.com

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

24 Spouse Name (Last Name) (First Name) (Middle Name) (Suffix) 25 Spouse TIN 000000

26 Spouse Employer's Name (if individual, Last Name, First Name, Middle Name, Suffix) (if Non-individual, Registered Name) (Attach additional sheets, if necessary)