



# Application for Registration

Form No. **1902**

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens / Resident Alien Employees

608-189-1-811000  
New TIN to be issued, if applicable (To be filled up by BIR)

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

1. Taxpayer Type:  Local Employee  Resident Alien Employee

2. Date of Registration (To be filled up by BIR) \_\_\_\_\_

3. RDO Code (To be filled up by BIR) **081**

Part I Taxpayer / Employee Information

4. TIN (For Taxpayer's existing TIN) \_\_\_\_\_

5. Sex:  Male  Female

6. Citizenship: **FILIPINO**

7. Taxpayer's Name: **Marcelino Oliver Revada**

8. Date of Birth: **10/21/1999**

9. Local Residence Address: **Yakal Capitol Ponce Cebu**

10. Telephone No. \_\_\_\_\_

11. Zip Code: **6000**

12. Municipality Code \_\_\_\_\_

13. Foreign Residence Address \_\_\_\_\_

14. Tax Type:  Income Tax  Form Type: **IRCT**

Part II Personal Exemptions

15. Civil Status:  Single  Legally separated  Married  Widowed  With qualified dependent children  Without qualified dependent children

16. Employment Status of Spouse:  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession

17. 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  Attach Waiver of Husband

18. Spouse Information

18A. Spouse Taxpayer Identification Number: \_\_\_\_\_

18B. Spouse Name: \_\_\_\_\_

18C. Spouse Employer's Taxpayer Identification Number: \_\_\_\_\_

18D. Spouse Employer's Name: \_\_\_\_\_

Part III Additional Exemptions

19. Names of Qualified Dependent Children (refers to a legitimate, illegitimate, or legally adopted child totally dependent upon & living with the taxpayer, not more than 21 years of age, unmarried, and not gainfully employed, or regardless of age, is incapable of self-support due to mental or physical defect).

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Max if Monthly Physically Incapacitated
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

23. Type of multiple employments:  Successive employments (With previous employer(s) within the calendar year)  Concurrent employments (With two or more employers at the same time within the calendar year)

24. Declaration: I declare, under the penalties of perjury, that this form 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.

TIN: \_\_\_\_\_ Previous and Concurrent Employments During the Calendar Year: \_\_\_\_\_

25. Declaration: I declare, under the penalties of perjury, that this form 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.

**JANINE HR COMPENANADO**  
EMPLOYER AUTHORIZED AGENT  
(Signature over printed Name)

**HR-COMPENSATION AND BENEFITS**  
Title / Position of Signatory

Part V Employer Information

26. Type of Registered Office:  HEAD OFFICE  BRANCH OFFICE

27. Taxpayer Identification Number: **007 964 541 0000**

28. RDO Code: **081**

29. Employer's Name (Last Name, First Name, Middle Name, if individual; Registered Name, if Non-Individual): **VCUSTOMER PHILIPPINES CEBU INC.**

30. Employer's Business Address: **4FLR JESA IT CENTER GENERAL MAXILOM AVE. COGON RAMOS, CEBU CITY CEBU**

31. Zip Code: **6000**

32. Municipality Code: \_\_\_\_\_

33. Telephone Number: \_\_\_\_\_

34. Date of Certification: \_\_\_\_\_

35. Declaration: I declare, under the penalties of perjury, that this form 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.

ATTACHMENTS: (Photocopy only)

- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate of dependents, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.

Stamp of BIR Receiving Office and Date of Receipt: \_\_\_\_\_

Attachments Complete? (To be filled up by BIR)  Yes  No

APR 28 2022