

TIN

(To be filed out by BIR) DEN

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No. **1902**
July 2021 (ENC3) P1

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

660 - 142 - 131 - 0,0000
New TIN to be issued, if applicable (To be filed out by BIR)

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

1 BIR Registration Date (To be filed 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 filed out by BIR) 5 Taxpayer Type
 Local Resident Non-Resident Special Non-Resident Alien

6 Taxpayer's Name (Last Name) (First Name)
✓ **MARIBAD** ✓ **ANNAYELLA MARIE**
(Middle Name) (Suffix) 7 Gender
✓ **MANATAD** Male Female

8 Civil Status Single Married Widower Legally Separated

9 Date of Birth (MMDDYYYY) 10 Place of Birth
✓ **10/1/2002** ✓ **BOGO CITY**

11 Mother's Marital Name (First Name, Middle Name, Last Name, Suffix)
✓ **MAYTEL VILLEGAS MANATAD**

12 Father's Name (First Name, Middle Name, Last Name, Suffix)
✓ **JAYSON LAYECE MARIBAD**

13 Citizenship 14 Other Citizenship, if applicable
✓ **FILIPINO**

15 Local Residence Address (One House/Floor/Building No.) (Building Name/Tower)
(Lot/Block/Phase/Trailer No.) (Street Name)
(Subdivision/Village Zone) (Barangay)
(Town/District) (Municipality/City)
(Province) (ZIP Code)
TANGKE
BAGAK
LAPULAPU
6015

16 Foreign Address

17 Municipality Code (To be filed out by BIR) 18 Tax Type **INCOME TAX** 19 Form Type **BIR Form No. 1700** 20 ATC **8011**

21 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)
Type **NATIONAL ID** Number **2816-3460-2730-4752** Expiry Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)
Issuer Place/Country of Issue

22 Preferred Contact Type
 Landline Number Fax Number Mobile Number
 Email Address (required) **annayella.m@gmail.com** **09174315467**


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

27 Spouse Employer's TIN

Part III – For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year		
28 Type of Multiple Employments <input type="checkbox"/> Successive Employments (with previous employers within the calendar year) <input type="checkbox"/> Concurrent Employments (with two or more employers at the same time within the calendar year) <small>(If applicable, enter previous employers, if concurrent, with secondary employers.)</small> Previous and/or Concurrent Employers During the Calendar Year (Attach additional sheets, if necessary)		
28A Name of Employer	28B Employer's TIN	
30A Name of Employer	30B Employer's TIN	
31A Name of Employer	31B Employer's TIN	
32 Declaration I declare under the penalties of perjury that this application, and all its attachments, have 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 legitimate and lawful purposes.		
 Anacleto M. Maribao <small>Employer's Representative</small>		
Part IV – Primary/Current Employer Information		
33 Type of Registered Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	34 TIN 0 0 9 - 6 9 2 - 1 4 9 - 0 0 0	35 RDO Code 0 4 3
36 Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix; If Non-Individual, Registered Name) RESULTS MANILA INC		
37 Employer's Address		
Unit/Floor/Room/Building No. 2ND FLOOR	Building Name/Tower SILVER CITY MALL	
Lot/Block/Phase/House No.	Street Name FRONTIERA VERDE CORNER JULIA VARGAS AVENUE	
Sub-division/Village/Village	Barangay UGONG	
Town/District	Municipality/City PASIG CITY	
Province	ZIP Code 1604	
38 Contact Details Landline Number: _____ Fax Number: _____ Mobile Number: _____		
39 Relationship Start Date/Date Employee was Hired (MM/DD/YYYY)		40 Municipality Code (It is two or three)
41 Declaration I declare under the penalties of perjury that this application and all its attachments, have 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 legitimate and lawful purposes.		Stamp of BIR Recording Office and Date of Receipt
SHERYLL GRACE E. VALDEZ EMPLOYER/AUTHORIZED REPRESENTATIVE <small>Signature use for this form</small>		Recruitment Manager Tax Position of Signatory

NOTE: The BIR Data Privacy Policy is in this BIR website (www.bir.gov.ph)

Documentary Requirements:

For Local Employee:

- 1. Any government-issued ID (e.g., Birth Certificate, Passport, Driver's License, Community Tax Certificate, Photo) that shows the name, address and surname of the applicant. In case the ID has no address, any proof of residence. (1 photocopy)
- 2. Marriage Contract, for married female. (1 photocopy)

For Foreign National/Non-Employee:

- 1. Passport (two pages, including date of entry/arrival and exit/return stamp, if applicable). (1 photocopy)
- 2. Employment Contract or equivalent document indicating the duration of employment, compensation and other benefits and scope of duties. (1 certified true copy)

If Contracting Through a Representative:

- 1. Special Power of Attorney (SPA). (1 original)
- 2. Any government-issued ID of the taxpayer and authorized representative. (1 photocopy)

In the case of employer securing TIN in behalf of its employee:

- 1. Letter of Authority (LOA) with company letterhead if application signed by the President or authorized representative. (1 original)
- 2. Any government-issued ID of the signatory (the signatory validation). (1 certified true copy)
- 3. Any government-issued ID of the authorized person of the employer. (1 photocopy)
- 4. Transmittal List of Newly Hired Employees with a check if assignment and verifying that the job is for newly hired employees. (1 original)
- 5. Letter of Authority from the employers. (1 original)
- 6. Proof of payment of withholding tax from the employers that the employees have a similar amount, if applicable. (1 original)

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.

PSA/NSO