BIR Form No. 1604-CF

Part III - For Employees with Two or More Employers (Multiple Employments) Within the Calendar Year

29 Type of Multiple Employments

☐ Successive Employments (with previous employers within the calendar year)

☐ Concurrent Employments (with two or more employers at the same time within the calendar year)

(If applicable, enter previous employers if concurrent, with decreasing amounts)

Previous and/or Concurrent Employments During the Calendar Year

29A Name of Employer | 29B TIN of Employer

30A Name of Employer | 30B TIN of Employer

31A Name of Employer | 31B TIN of Employer

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.

JASO JOFETH

Employee/Employer/Authorized Representative
(Signature over Printed Name)

Part IV - Primary/Current Employer Information

33 Type of Registering Office: ☐ Head Office ☐ Branch Office

34 TIN: 4 4 [redacted] 1 1 2 [redacted] 0 0 0 0

35 RDO Code: 0 8 3

36 Employer's Name (Last Name, First Name, Middle Name, if Individual; if Juridical Entity, Entire Name)

O D A L F O M , , , P H I L C S P R I N G

37 Employer's Address

Unit/Room/Floor/Building No.: 15 S-TP N-15P 24-15P

Building Name/Center: ORTIGAS

Lot/Block/Phase/Unit No.:

Street Name:

Subdivision/Village/Zone:

Barangay:

District/Town:

Municipality/City:

Province:

Zip Code:

38 Contact Details

Landline Number: 479-0970 to 78

Fax Number:

Mobile Number:

39 Associate User Detailed Employee (see Item 40)

40 Municipality Code (To be filled out by BIR)

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.

GAFFEL L. BAJAL

EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

BIR MANAGER PERSONNEL OFFICE
Title/Position of Signatory

Name of BIR Personnel Officer and Date of Receipt
BUREAU OF INTERNAL REVENUE
RECEIVED
OFFICE OF THE PERSONNEL DISTRICT OFFICER

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

Documentary Requirements:

For Local Employee:

☐ 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant

☐ 2. Marriage Contract, if applicable

For Alien Employee:

☐ 1. Passport

☐ 2. Working Permit or proforma of duly issued Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)

DATE: [illegible]

PROHIBITION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IN CERTAIN CIRCUMSTANCES PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.

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Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.
1902
January 2018 (ENCS)

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

0 0 0 0

Item 19A to be issued, if applicable (Use the space below)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all applicable boxes with an "X"

Part I - Taxpayer/Employee Information

1 Phil Rev Number (PRN)

2 Taxpayer Type: ☐ Local ☐ Resident Alien ☐ Special Non-Resident Alien

3 BIR Registration Date (Use MM-DD-YYYY)

4 Taxpayer Identification Number (TIN) (For Dependent Children Only)

0 0 0 0 0

5 POS Code (Use Machine Code)

6 Taxpayer's Name

Last Name: T I N C O

First Name: T E S T A M E N T

Middle Name: C A R L O

Suffix:

7 Gender: ☑ Male ☐ Female

8 Civil Status: ☑ Single ☐ Married ☐ Widowed ☐ Legally Separated

9 Date of Birth (MM-DD-YYYY): 0 4 2 5 2 0 0 3

10 Place of Birth: L A P U - L A P U C I T Y

11 Mother's Maiden Name (Last Name, Middle Name, First Name): M A R I A E L E N A P A N T I L O A N , A R A N O

12 Father's Name (First Name, Middle Name, Last Name): S A T U R N I N O E D O T A N A O

13 Citizenship: F I L I P I N O

14 Other Citizenship:

15 Local Residential Address (Unit/Room No. Building Name/Lot No. Street Name/Block No. Subdivision/Village Barangay Municipality/City Province Country Zip Code)

Unit/Room No. Building Name/Lot No.: D U E O F L A Y A M A S

Street Name: C A N T U L A O

Barangay: M A B O L O

Municipality/City: L A P U - L A P U C I T Y

Province: C E B U

Country: P H I L I P P I N E S

Zip Code: 6 0 1 8

16 Foreign Address

17 Municipality Code (Use Machine Code)

18 Tax Type: INCOME TAX

19 Form Type: BIR Form No. 1700

20 ATC: W 010

21 Identification Details (e.g. passport, passport issued by, etc.)

Type:

Number:

Effective Date (MM-DD-YYYY):

Expiry Date (MM-DD-YYYY):

Issuer:

Place/Country of Issue:

22 Preferred Contact Type: Landline No.: ☑ Mobile Number: 0 9 1 5 8 0 6 7 8 7 8

☑ Email Address (Optional): I N S O D E F I A . C I E . C I P C @ G M A I L . C O M

Part II - Spouse Information (if applicable)

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

24 Spouse Name

Last Name:

First Name:

Middle Name:

Suffix:

25 Spouse TIN: 0 0 0 0 0

26 Spouse Employer's Name (Last Name, First Name, Middle Name, Preferred Registered Name, if Non-Individual)

27 Spouse Employer's TIN

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