



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No. **1902**

July 2021 (ENCS) P1

686-592-462-00000
New TIN to be issued, if applicable (To be filled out by BIR)

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

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

1 BIR Registration Date (To be filled out by BIR) (MMDD/YYYY) _____ 2 PhilSys Card Number (PCN) **12-250985219-5**

Part I - Taxpayer/Employee Information

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

6 Taxpayer's Name (Last Name) **REYES** (Middle Name) **AGUDO** (First Name) **BRENT JOSEPH** (Suffix) _____ 7 Gender
 Male Female

8 Civil Status Single Married Widower Legally Separated

9 Date of Birth (MMDD/YYYY) **01301999** 10 Place of Birth **10TH STREET BUENAHILLS, GUADALUPE CEBU CITY**

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) **MYROGYN CANO AGUDO**

12 Father's Name (First Name, Middle Name, Last Name, Suffix) **ANTONIO CABALLES REYES**

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 **10TH STREET**
Subdivision/Village/Zone **BUENAHILLS** Barangay **GUADALUPE**
Town/District _____ Municipality/City **CEBU CITY**
Province **CEBU** ZIP Code **6000**

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 (MMDD/YYYY) _____ Expiry Date (MMDD/YYYY) _____

Issuer _____ Place/Country of Issue _____

22 Preferred Contact Type
 Landline Number Fax Number Mobile Number

Email Address (required) **brentreyes456@gmail.com** **09773407831**

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 _____ **00000**

26 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name) (Attach additional sheet/s, if necessary)

27 Spouse Employer's TIN _____