



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

July 2021 (ENCS) P1

689-434-295-00000
New TIN to be issued, if applicable (To be filled out by BIR)

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

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) 13 JUL 2025 2 PhilSys Card Number (PCN) 3024-5827-4261-2857

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) ESTRERA (First Name) JASON FRITZ
(Middle Name) GRANADA (Suffix) 7 Gender
 Male Female

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) 07 30 2000 10 Place of Birth CAGCAGAN, PORO, CEBU

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) ANALIE DAMPIOS GRANADA

12 Father's Name (First Name, Middle Name, Last Name, Suffix) JINNY DONAIRE ESTRERA

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 SANJERCASVIL
BAYANIHAN PRIVATE RD. Municipality/City CEBU CITY
LATHUG Province ZIP Code

17 Municipality Code 18 Tax Type INCOME TAX 19 Form Type BIR Form No. 1700 20 ATC II 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 09105546632
 Email Address (required) ubastloyd22@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 sheet/s, if necessary)

27 Spouse Employer's TIN