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(To be filled out by BIR) DLN: _____

BIR Form No.



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

1902

July 2021 (ENCS) P1

691 - 484 - 425 - 000000
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 12 DEC 2025 2 PhilSys Card Number (PCN) 2149-6236-5912-4076

Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) 000000 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) DY (First Name) ANTHEA MARIE (Middle Name) MONTEGRANDE (Suffix) 7 Gender Male Female

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) 12/16/2002 10 Place of Birth CEBU CITY

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) KIRSTINE JUDITH DURANO MONTEGRANDE

12 Father's Name (First Name, Middle Name, Last Name, Suffix) JOHN TAN DY

13 Citizenship FILIPINO 14 Other Citizenship, if applicable

15 Local Residence Address Unit/Room/Floor/Building No. 3RD DOOR Building Name/Tower MONTEGRANDE APARTMENT Lot/Block/Phase/House No. M.D. ECHAVEZ STREET Street Name Subdivision/Village/Zone SUDLON, MAGUIKAY Barangay Municipality/City MANDAUE CITY Province CEBU ZIP Code 6014

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 II 011

21 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.) Type PhilSys Card Number 2149-6236-5912-4076 Effectivity Date (MM/DD/YYYY) 12/19/2022 Expiry Date (MM/DD/YYYY) Issuer PSA Place/Country of Issue PHILIPPINES

22 Preferred Contact Type Landline Number Fax Number Mobile Number 09947919335 Email Address (required) antheamariedy@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