

(To be filed out by BIR) DLN:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration Information Update/Correction/Cancellation

BIR Form No.

1905

July 2021 (ENCS) P1

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

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN) 2 RDO Code 3 Contact Number (Landline/Mobile No.)

4 Registered Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)
PRADILLA, MARIA LOURDES ABING

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Replacement/Cancellation of FORM/S

- A. Certificate of Registration (COR)
- B. Authority to Print (ATP) Receipts/Invoices
- C. Tax Clearance Certificate of Liabilities (TCL1)
- D. Taxpayer Identification Number (TIN) Card
- E. Others (specify) _____

REASON/DETAILS

- Lost/Damaged
- Change of Accredited Printer as Requested by the taxpayer
- Correction/Change/Update of Registration Information
- Others (specify) _____

6 Other Updates

- Closure of Business (proceed to Number 8)
- Change of Civil Status (proceed to Number 9)
- Register/Update of Books of Accounts (proceed to Number 10)
- Avail of 8% Income Tax Rate Option
- Others (specify)
CHANGE TO MIXED INCOME EARNER

7 Correction/Change/Update of Registration Information

A. UPDATE REGISTERED NAME/TRADE NAME

- Change in Registered Name
- Change in Trade Name
- Additional Trade Name

Old New

B. CHANGE IN REGISTERED ADDRESS

Transfer within same RDO Transfer to another RDO

From (Old RDO) To (New RDO)

New Address

Unit/Room/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No.

Street Name Subdivision/Village/Zone

Barangay Town/District

Municipality/City Province ZIP Code

C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)

- From Calendar to Fiscal Period
- From One Fiscal Period to Another Fiscal Period
- From Fiscal to Calendar Period

Accounting Start Month

Effectivity Date (MM/DD/YYYY)

D. CHANGE/ADD REGISTERED ACTIVITY/LINE OF BUSINESS

New Registered Activity/Line of Business

Effectivity Date of Change (MM/DD/YYYY)

E. CHANGE FACILITY TYPE/DETAILS (attach additional sheet/s, if necessary)

Facility Code	Facility Type (check applicable facility type)							
	PP	SP	WH	SR	GG	BT	RP	Others (specify)
F								
F								

- Facility Type*
- PP - Place of Production/Plant
 - SP - Storage Place
 - WH - Warehouse
 - SR - Showroom
 - GG - Garage
 - BT - Bus Terminal
 - RP - Real Property for Lease with No Sales Activity