

(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 - 483 - 762 - 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 (To be filled out by BIR) (MM/DD/YYYY)	21/04/2025	2 PhilSys Card Number (PCN)	2194-7250-3569-8374
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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
000000	123	<input checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien

6 Taxpayer's Name (Last Name)	(First Name)
DEVIVAR	RHODE JUSTIN
(Middle Name)	(Suffix)
DELANTAR	
7 Gender	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

8 Civil Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated
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9 Date of Birth (MM/DD/YYYY)	10 Place of Birth
12/21/2002	DOONG, BANTAYAN, CEBU

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix)
RUCELINDA LAYAO DELANTAR

12 Father's Name (First Name, Middle Name, Last Name, Suffix)
JOJO SACAYAN DEVIVAR

13 Citizenship	14 Other Citizenship, if applicable
FILIPINO	

15 Local Residence 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
CEBU PROVINCE	6052

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
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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)
PHILSYS CARD	2194-7250-3569-8374		
Issuer	Place/Country of Issue		
PSA	PHILIPPINES		

22 Preferred Contact Type
<input type="checkbox"/> Landline Number <input type="checkbox"/> Fax Number <input checked="" type="checkbox"/> Mobile Number
0947 178 6715
<input checked="" type="checkbox"/> Email Address (required)
rhodejustindevivar123@gmail.com

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
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24 Spouse Name (Last Name)	(First Name)
(Middle Name)	(Suffix)
25 Spouse TIN	
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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