



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

July 2021 (ENCS) P1

691 - 482 - 778 - 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 DEC 2025 2 PhilSys Card Number (PCN)

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) 05 5 Taxpayer Type Local Resident Alien Special Non-Resident Alien

6 Taxpayer's Name (Last Name) Amistoso (Middle Name) Amores (First Name) Reinz Marluee (Suffix) 7 Gender Male Female

8 Civil Status Single Married Widower Legally Separated

9 Date of Birth (MM/DD/YYYY) 03/22/2002 10 Place of Birth Cebu City

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Mary Mae, Amores, Amistoso

12 Father's Name (First Name, Middle Name, Last Name, Suffix) Ruke, Taghoy, Amistoso

13 Citizenship Filipino 14 Other Citizenship, if applicable

15 Local Residence Address Unit/Room/Floor/Building No. Building Name/Tower Street Name Lot/Block/Phase/House No. Subdivision/Village/Zone Town/District Province Cebu City Cordova 6017

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 Driver's License Number G21-20-004031 Effectivity Date (MM/DD/YYYY) 03/22/2025 Expiry Date (MM/DD/YYYY) 03/22/2035 Issuer LTD Place/Country of Issue Philippines

22 Preferred Contact Type Landline Number Fax Number Mobile Number 0960-422-9399 Email Address (required) marlueeamistoso@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