



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

New TIN to be issued, if applicable (To be filled out by BIR)  
0 0 0 0 0

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) 09 11 2025 2 PhilSys Card Number (PCN) 6759-7826-7423-7503

### Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 684 - 703 - 650 - 0 0 0 0 0 4 RDC Code (To be filled out by BIR) 052 5 Taxpayer Type  Local  Resident Alien  Special Non-Resident Alien

6 Taxpayer's Name (Last Name) LABRADOR (First Name) JASMINE JEWEL (Middle Name) FAJARDO (Suffix) 7 Gender  Male  Female

8 Civil Status  Single  Married  Widow/er  Legally Separated

9 Date of Birth (MM/DD/YYYY) 09 19 2000 10 Place of Birth CEBU CITY

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) MA TEKESA DIZON FAJARDO

12 Father's Name (First Name, Middle Name, Last Name, Suffix) MANUEL CARUYAN LABRADOR

13 Citizenship PHILIPINO 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 Town/District Municipality/City Province CEBU ZIP Code 6015

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 Number 6759-7826-7423-7503 Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)

Issuer PSA Place/Country of Issue PHILIPPINES

22 Preferred Contact Type  Landline Number  Fax Number  Mobile Number 09618504964  Email Address (required) jassielabrador@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 0 0 0 0 0 0

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

ek