

(To be filled out by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

July 2021 (ENCS) P1

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

695 - 478 - 528 - 00000
New TIN to be issued, if applicable (To be filled out by BIR)

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) **06 FEB 2026** 2 PhilSys Card Number (PCN) **2035-7203-7504-5626**

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) **081** 5 Taxpayer Type
 Local Resident Alien Special Non-Resident Alien

6 Taxpayer's Name (Last Name) **LEYSON** (First Name) **MARY VIENA**
(Middle Name) **MAAGHOP** (Suffix) **MAAGHOP** 7 Gender
 Male Female

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) **013 017 2101017** 10 Place of Birth **OSPA - FARMERS' MEDICAL CENTER, ORMOG CITY, LENTE**

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix)
SALITA PARERA MAAGHOP

12 Father's Name (First Name, Middle Name, Last Name, Suffix)
ZENEN VALENZONA LEYSON

13 Citizenship **FILIPINO** 14 Other Citizenship, if applicable

15 Local Residence Address
Unit/Room/Floor/Building No. _____ Building Name/Tower _____
Lot/Block/Phase/House No. _____ Street Name **R. LANDON ST.**
Subdivision/Village/Zone **TLP RESIDENCES** Barangay **SAN ANTONIO**
Town/District _____ Municipality/City **CEBU CITY**
Province **CEBU** ZIP Code **6000**

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 **2035-7203-7504-5626** 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
Email Address (required) **vienaleyson@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 _____