

5685

(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)

696 - 459 - 950 - 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) FEB 18 2021 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) PCN 5 Taxpayer Type Local Resident Alien Special Non-Resident Alien

6 Taxpayer's Name (Last Name) BUCASCAS (First Name) REGENE MAE (Middle Name) FORSUELO (Suffix) 7 Gender Male Female

8 Civil Status Single Married Widower Legally Separated

9 Date of Birth (MM/DD/YYYY) 01/11/2010 10 Place of Birth IBABAO - ESTANCIA MANDAUAE CITY CEBU

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) GENALYN SEGARRA FORSUELO

12 Father's Name (First Name, Middle Name, Last Name, Suffix) RAYMOND RICO BUCASCAS

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 Subdivision/Village/Zone Barangay Zone TANGKONG PAKNAAN Municipality/City Province MANDAUAE CITY ZIP Code CEBU 6014

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 NBI CLEARANCE Number B322APJEW0 - MD41058917 Effectivity Date (MM/DD/YYYY) 01/16/2021 Expiry Date (MM/DD/YYYY) 01/16/2021 Issuer DOJ Place/Country of Issue PHILIPPINES

22 Preferred Contact Type Landline Number Fax Number Mobile Number 0951-303-0902 Email Address (required) regenembucascas@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