

(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

695 - 139 - 222 - 00000
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) FEB 03 2026 2 PhilSys Card Number (PCN) 6275-3407-1920-1549

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

6 Taxpayer's Name (Last Name) GRAJO (First Name) JAMES DAVID (Middle Name) SEMBLANTE (Suffix) 7 Gender Male Female

8 Civil Status Single Married Widower Legally Separated

9 Date of Birth (MM/DD/YYYY) 11/01/2010 10 Place of Birth Consolacion, Cebu

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Rosalia Malunja Semblante

12 Father's Name (First Name, Middle Name, Last Name, Suffix) Jimmy Sorbito Grajo

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 H. PEPITO ST. Barangay Town/District Municipality/City CONSOLACION Province CEBU ZIP Code 6001

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 6275-3407-1920-1549 Effectivity Date Expiry Date Issuer PSA Place/Country of Issue PHILIPPINES

22 Preferred Contact Type Landline Number Fax Number Mobile Number 0991-180-2661 Email Address (required) jamesgrajo43@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