



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

October 2025 (ENCS) P1

697 213 057 000000

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

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 <i>(To be filled out by BIR) (MM/DD/YYYY)</i>	26 FEB 2026	2 PhilSys Card Number (PCN)	6417638495086214
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Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) <i>(For Taxpayer with existing TIN)</i>	4 RDO Code <i>(To be filled out by BIR)</i>	5 Taxpayer Type
000000	683	<input checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien

6 Taxpayer's Name

(Last Name)	(First Name)
ESOLA	ARJEN
(Middle Name)	(Suffix)

7 Gender

Male Female

8 Civil Status

Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY)	10 Place of Birth
09/15/2002	SUPLON II CEBU CITY

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

JENNIFER MIRASOL ESOLA

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

ARIEL GUMAHIN DERATMA

13 Citizenship	14 Other Citizenship, if applicable

15 Local Residence Address

Unit/Room/Floor/Building No.	Building Name/Tower
Lot/Block/Phase/House No.	Street Name
	P. LABUHA ST.
Subdivision/Village/Zone	Barangay
	CANJOJONG
Town/District	Municipality/City
	TALISAY CITY
Province	ZIP Code
CEBU	6045

16 Foreign Address

17 Municipality Code <i>(To be filled out by BIR)</i>	18 Tax Type	INCOME TAX	19 Form Type	BIR Form No. 1700	20 ATC	11 011
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21 Identification Details [government issued ID (e.g., passport, driver's license, etc.), company ID, etc.]

Type	Number	Effectivity Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
NATIONAL ID	6417638495086214		

Issuer: _____ Place/Country of Issue: _____

22 Preferred Contact Type

Landline Number Fax Number Mobile Number

0991 9014953

Email Address (required) esolaarjen09@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)