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(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

October 2025 (ENCS) P1

698 - 104 - 146 - 00000

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 (To be filled out by BIR) (MM/DD/YYYY) 09 MAR 2025
2 PhilSys Card Number (PCN) 6031-6437-1032-4751

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) 08
5 Taxpayer Type
 Local Resident Alien Special Non-Resident Alien

6 Taxpayer's Name
(Last Name) Dela Fuente (First Name) Mark Anthony
(Middle Name) Alivio (Suffix)
7 Gender
 Male Female

8 Civil Status
 Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) 08/28/2000
10 Place of Birth Cebu City

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Jacinta Alivio Dela Fuente

12 Father's Name (First Name, Middle Name, Last Name, Suffix) Vicente Lavagan Dela Fuente

13 Citizenship Filipino
14 Other Citizenship, if applicable

15 Local Residence Address
Unit/Room/Floor/Building No. A.S. Fortuna St., Upper Sampangitan, Banilad, Mandave
Building Name/Tower
Lot/Block/Phase/House No.
Street Name
Subdivision/Village/Zone
Barangay Banilad
Town/District
Municipality/City Mandave City
Province Cebu
ZIP Code 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 Phil Sys Number 6031-6437-1032-4751 Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)
Issuer DSA Place/Country of Issue

22 Preferred Contact Type
 Landline Number Fax Number Mobile Number 09690799209
 Email Address (required) markanthonydelafuenteb@gnail.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)