



Application for Registration

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens / Resident Alien Employee

New TIN to be issued, if applicable (To be filed up by BIR)

Fill in all applicable white spaces. Mark all appropriate boxes with an "X"

1 Taxpayer Type Local Employee Resident Alien Employee

2 Date of Registration (To be filed up by BIR) _____ (MM/DD/YYYY)

3 RDO Code (To be filed up by BIR) _____

4 TIN (For Taxpayer w/ existing TIN) _____

5 Sex Male Female

6 Citizenship Foreign FILIPINO

7 Taxpayer's Name
Last Name: COMINGUEZ First Name: RUSSELL Middle Name: MONDIGO

8 Date of Birth (MM/DD/YYYY) 11/01/1993

9 Local Residence Address
No. (Include Building Name): _____ Street: _____ Barangay/Subdivision: _____
CARRUHAN BORON CEBU 11 Zip Code: _____

10 Telephone No. 09

12 Municipality Code _____

13 Foreign Residence Address _____

14 Tax Type Income Tax BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)

Form Type ATC I 011

16 Civil Status Single Legally separated Married Widow/Widower

18 Employment Status of Spouse: Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P280,000 per annum

18 Spouse Information
18A Spouse Taxpayer Identification Number _____ 18B Spouse Name _____
18C Spouse Employer's Taxpayer Identification Number _____ 18D Spouse Employer's Name _____

19 Names of Qualified Dependent Children (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer, not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
19A <u>ATUEL</u>	19B <u>SHANEL</u>	19C <u>COMINGUEZ</u>	19D <u>02/19/2013</u>	19E <input type="checkbox"/>
20A _____	20B _____	20C _____	20D _____	20E <input type="checkbox"/>
21A _____	21B _____	21C _____	21D _____	21E <input type="checkbox"/>
22A _____	22B _____	22C _____	22D _____	22E <input type="checkbox"/>

23 Type of multiple employments Successive employments (With previous employer(s) within the calendar year) Concurrent employments (With two or more employers at the same time within the calendar year)

If successive, enter previous employer(s); if concurrent, enter secondary employer(s)

TIN	Previous and Concurrent Employments During the Calendar Year	Name of Employers
_____	_____	_____
_____	_____	_____

24 Declaration
I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

RUSSELL M. COMINGUEZ
TAXPAYER (EMPLOYEE)/AUTHORIZED AGENT
(Signature over printed name)

25 Type of Registered Office HEAD OFFICE BRANCH OFFICE

26 Taxpayer Identification Number 003 292 511

27 RDO Code _____

28 Employer's Name (Last Name, First Name, Middle Name, if individual/ Registered Name, if Non-Individual)
SUN-PLEATS CEBU CORP

29 Employer's Business Address SRD ST. BLK D4 MARIKINA CITY

30 Zip Code _____

31 Municipality Code _____ (Date when Exemption Information is applied) _____ (MM/DD/YYYY)

32 Telephone Number 390-2973

34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) _____ (MM/DD/YYYY)

35 Declaration
I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

HEE MISON
EMPLOYER/AUTHORIZED AGENT
(Signature over printed Name)

PERMAYAN OFFICER
Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt _____

Attachments Complete? (To be filed up by BIR) Yes No

ATTACHMENTS: (PHOTOCOPIES ONLY)
For Individuals Earning Purely Compensation Income
- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate of dependents, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.