

(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

699 - 301 - 690 - 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) 2 PhilSys Card Number (PCN) 3629-3283-4704-8940

Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 4 RDO Code (To be filled out by BIR) 5 Taxpayer Type
 Local Resident Alien Special Non-Resident Alien

6 Taxpayer's Name (Last Name) (First Name) (Middle Name) (Suffix) 7 Gender
Ruiz Benjamin
Macan II Male Female

8 Civil Status Single Married Widow/w Legally Separated

9 Date of Birth (MM/DD/YYYY) 10 Place of Birth
05/15/2002 Cebu City

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

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

13 Citizenship Filipino 14 Other Citizenship, if applicable NA

15 Local Residence Address
Unit/Room/Floor/Building No. Building Name/Tower
Lot/Block/Phase/House No. Street Name
Subdivision/Village/Zone Barangay
Town/District Municipality/City
Province ZIP Code
Cebu Cebu

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 Number Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)
PhilSys
Issuer PSA Place/Country of Issue Philippines

22 Preferred Contact Type
 Landline Number Fax Number Mobile Number
09859057589
 Email Address (required) blairann79@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
- - - - - 00000

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 - - - - -