

(To be filled out by BIR) DLN: \_\_\_\_\_

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Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

BIR Form No.

# 1902

October 2025 (ENCS) P1

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

699 - 877 - 818 - 00000  
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)	31 MAR 2026	2 PhilSys Card Number (PCN)	
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### 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
- 0 0 0 0 0 0		<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)
GONZAGA	LAZEL
(Middle Name)	(Suffix)
VILLACORTA	
7 Gender	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

8 Civil Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated
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9 Date of Birth (MM/DD/YYYY)	10 Place of Birth
10302004	CEBU CITY

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix)
RIZA LEAH FORTUN VILLACORTA

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

13 Citizenship	14 Other Citizenship, if applicable
FILIPINO	

15 Local Residence Address	
Unit/Room/Floor/Building No.	Building Name/Tower
Lot/Block/Phase/House No.	Street Name
#76	7. ESTREERA ST.
Subdivision/Village/Zone	Barangay
PUROK 6	TABOK
Town/District	Municipality/City
	MANDAUE CITY
Province	ZIP Code
CEBU	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
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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)
PHIL SYS			
Issuer	Place/Country of Issue	PHILIPPINES	
PSA			

22 Preferred Contact Type
<input type="checkbox"/> Landline Number <input type="checkbox"/> Fax Number <input checked="" type="checkbox"/> Mobile Number
<input checked="" type="checkbox"/> Email Address (required)
gonzagalazel@gmail.com

### Part II - Spouse Information (if applicable)

23 Employment Status of Spouse	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
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24 Spouse Name
(Last Name) (First Name)